

FACILITY NAME: ALLIUSIGNAL LAMINATE SYSTEMS
LOCATION: 665 LYBRAND ST., POSTVILLE IA 52162
RCRA ID #: IAD 073 489 288 DATE: 07/15/94

**IMPACT OF FLOOD AND RAIN QUESTIONNAIRE
RCRA PROGRAM**

1. Is this facility located within approximately 1/2 mile of a river, creek or stream? YES or NO? If YES, what is the name if known? ROBERTS CREEK

2. Are there any visual signs that the facility was affected by flood waters? YES or NO? If YES, describe: _____

3. Was the facility damaged by the flood water or rain? YES or NO? If YES, generally describe the damage. _____

IF THE ANSWER TO QUESTION #3 IS NO, STOP HERE.

4. Was there any damage to inventories, products or waste at the facility that would have caused the facility to generate hazardous waste? YES or NO?

5. Were there any release of hazardous material as a result of the flooding? YES or NO? If yes, describe: _____

6. If the answer to question #5 is YES, has remedial activity occurred to address the releases? YES or NO? If YES, describe: _____

7. Were there any circumstances (e.g. design criteria) or actions that the facility took that were useful in preventing potential releases or generation of hazardous materials? YES or NO? For the purpose of this question, we are looking for the "lessons learned" that may be useful in future guidance, etc. If YES, describe: _____

7001
R00330197
RCRA RECORDS CENTER

Last Revised: 1/25/91

Time to complete screening: 2.5 HRS

RCRA SCREENING CHECKLIST

Inspector: Allen Apperson Primary Media: _____

Date: 07 / 15 / 94

Facility: ALLIED SIGNAL LAMINATE SYSTEMS

Facility Address: 665 LY BRAND ST
POSTVILLE, IA 52162

Phone (319) 864 - 7321

Contact/Title: JESSE TRONT EHS SPECIALIST

SIC #: 3083 Process: MANUFACTURE PLASTIC LAMINATES

Office Questions:-----

1) Facility description TWO MAJOR BUILDINGS (1) CONSISTS OF
OFFICES, PLANT (2) FLAMABLE LIQUID BARREL STORAGE

2) Does facility have an EPA ID number? Yes ☒ No ☐ # IA D073489288

3) What Chemical and/or Industrial Waste (CIW) streams are generated? (list: Name, Amount generated/month, Final disposition) SOLVENT & RESIN MIXTURE WASTE, 1500 GALS/MO,
FUEL BLENDED, PICKED UP BY SAFETY-KLEEN; WASTE CLEAN-UP RAGS (FLAMMABLE),
36 GALS/MO, (FUEL BLENDED) PICKED UP BY SAFETY-KLEEN; PARTS WASHING, 6 GALS/MO,
SAFETY-KLEEN; USED OIL, 1750 GALS/MO, SAFETY-KLEEN; FERRIC CHLORIDE, 70 GALS/MO,

4) Does the facility classify any of their CIW's as hazardous waste (HW)? Yes ☒ (please note which ones are classified as HW) No ☐

5) Does the facility conduct any of the following on-site activities: Treatment (Recycling) Burning/Open Dumping /Landfills/Surface Impoundments? Describe: FACILITY HAS STILL
TO RECLAIM SOLVENT; FACILITY HAS A POND FOR A COOLING WATER
FOR PRESS (NON-CONTACT).

Field Observations:-----

6) Are CIW/HW stored on-site? Yes ☒ No ☐

Describe (material, approximate quantity, storage method): TWO 55-GALLON DRUMS FULL OF WASTE RAGS (FLAMMABLE); THIRTY-FOUR 55-GALLON DRUMS
CONTAINING WASTE SOLVENT/RESIN MIXTURE; 500 GALLONS OF USED OIL IN A 1500-GALLON CAPACITY TANK.

7) Describe condition of storage containers/tanks (open, damaged, unlabeled, leaking, etc.): USED OIL: CLOSED, NO LABEL; WASTE RAGS:
CLOSED, LABELED AS HAZARDOUS WASTE; WASTE SOLVENT/RESIN MIXTURE: CLOSED,
LABELED AS HAZARDOUS WASTE.

8) Are incompatible wastes stored together (acids, bases, solvents, cyanides)? Yes ☐ No ☒ Describe: _____

9) Are there any signs of past spills/releases (dead or stressed vegetation, ground discoloration, stains)? Yes ☐ No ☒ Describe _____

10) Do any of the on-site Chemical and/or CIW/HW management practices concern you? Yes ☒ No ☐ Describe: OIL TANK NOT LABELED.

11) Recommendations and/or Additional Observations: FACILITY USES
ABOVE EPA ID NUMBER, TOURED PROCESS PLANT AND FLAMMABLE
LIQUID BARREL STORAGE BUILDING AND WEST OUTSIDE AREA OF
BUILDING.

Cyano Kem
(Neutralized
and disposed
of).

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Facility: Allied Signal Laminate Systems

Location: Postville, IA

Direction: --

Subject: Site #8 identification sheet.

Photographer: Allen Apperson

Camera Type: Minolta 35mm

Witness: None

Film Type: 100 ASA

Date: July 14, 1994

Time: 1547

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Facility: Allied Signal Laminate Systems

Location: Postville, IA

Direction: Northeast

Subject: Two 55 gallon drums containing waste rags (flammable). Thirty-four 55 gallon drums containing solvent/resin mixture. All the drums were closed and labeled as hazardous waste.

Photographer: Allen Apperson

Camera Type: Minolta 35mm

Witness: None

Film Type: 100 ASA

Date: July 14, 1994

Time: 1552

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3



Facility: Allied Signal Laminate Systems

Location: Postville, IA

Photographer: Allen Apperson

Witness: None

Date: July 14, 1994

Direction: Northeast

Camera Type: Minolta 35mm

Film Type: 100 ASA

Time: 1600

Subject: 1500 gallon capacity tank containing approximately 500 gallons of used oil. The tank was not labeled.



Automotive Fluid Recovery Service Agreement

Customer Information		
Name	Allied Signal Lominda Sys	Date of Contract
Address	Box 370 N.E. Co Rd.	6-9-94
City	Postville, IA 52602	Date Service Commences
State		6-9-95
Zip		Date of Expiration of Contract
Telephone Number	(319) 864-7321	5-150-71
S-K Customer No.	2115	S-K Branch No.
		(608) 788-8878
		S-K Branch Phone
		845008
		S-K Doc. No.

- General.** Safety-Kleen Corp. ("Safety-Kleen") agrees to collect used oil and spent antifreeze from the Customer on the terms and conditions set forth herein. Safety-Kleen agrees to recycle and/or dispose of the used oil and spent antifreeze in accordance with all applicable state and federal regulations. During the term of this Agreement, Customer agrees to only allow Safety-Kleen to pick up Customer's used oil and spent antifreeze. Spent antifreeze as used in this Agreement shall mean only spent ethylene glycol and water. Other products such as oils, radiator flushings, or any other material(s), shall not be mixed with the spent antifreeze.
- Antifreeze Storage Tank.** In connection with Safety-Kleen's Automotive Fluid Recovery Service and during the term of this Agreement, Safety-Kleen hereby agrees to provide Customer with _____ antifreeze collection tank(s) for use by Customer in storing spent antifreeze to be collected hereunder. Customer warrants and represents that it will only place spent antifreeze in such antifreeze storage tank(s) provided by Safety-Kleen and that it will not place any other material(s), including, but not limited to, used oil, transmission fluid, or any material(s) categorized as a hazardous waste, into the spent antifreeze collection tank(s). Customer acknowledges and agrees that the antifreeze collection tank(s) provided hereunder shall remain the property of Safety-Kleen at all times and, upon termination of this Agreement, shall be returned to Safety-Kleen in the same condition as when delivered, ordinary wear and tear excepted.
- Term.** The term of this Agreement shall be one year from the date services commences hereunder.
- Schedule and Fees.** (Check selected Pickup, and fill in Frequency, Price, and Excess Charge.) If Customer tenders used oil and spent antifreeze in excess of the amount indicated below under "No. of Gallons Per Pickup", Customer shall pay Safety-Kleen the "Excess Charge" indicated below for each fifty (50) gallons of excess used oil and spent antifreeze or any increment of fifty (50) gallons:

No. of Gallons Per Pickup*	Frequency of Service	Price Per Service	Excess Charge
() Less than 250 Gallons			
() Less than 500 Gallons			
(X) Less than 1,000 Gallons	4 WKS	25 ⁰⁰	\$

*Includes gallons of both spent antifreeze and used oil.

Payment shall be made to Safety-Kleen in accordance with Safety-Kleen's invoice to Customer. Customer agrees to accept Safety-Kleen's service in accordance with and be bound by the terms of Safety-Kleen's Placement Form executed by the Customer.

Safety-Kleen shall have the right to increase or decrease the prices contained herein upon thirty (30) days written notice to Customer. If Customer does not agree to the increased price, Customer shall have the right to cancel this Agreement within thirty (30) days after receipt of the notification of the price increase.

- Indemnification.** Customer agrees to indemnify, defend, and hold Safety-Kleen harmless for any and all damages suffered by Safety-Kleen arising out of or relating in any way to (i) the placement of material other than spent antifreeze into the tank(s) provided hereunder; (ii) the improper or unlawful mixing of material(s) into the used oil or spent antifreeze picked up hereunder; or (iii) the improper use of the tank(s) provided hereunder.

JESSE TRENT
(Print Customer's Name)
Jesse Trent
(Signature)
(Print Name and Office if applicable, of individual signing)

SAFETY-KLEEN CORP.
By: [Signature]
CHAD KRAFT
(Print Name)
7977
Employee No.



ALLIED SIGNAL LAMINATE SYS
BX 370 NE CO
POSTVILLE IA 52162

SHIPPER

PHONE
NUMBER (319)864-7321

US EPA ID NO.
STATE EPA ID NO.

REFERENCE NUMBER

695874

CUSTOMER NUMBER

5-150-71-211

MANIFEST NUMBER

XXXXXXXXXXXXXX

TRANSPORTER COMPANY NAME	ADDRESS	US EPA ID NUMBER
1 SAFETY-KLEEN CORP.	2109 1/2 WARD AVE LA CROSSE, WI	WI0980896641
2		
3		

RECEIVING FACILITY	SAFETY-KLEEN CORP. 2109 1/2 WARD AVE LA CROSSE, WI 54601	5-150-01	US EPA ID NUMBER	WI0980896641
			STATE EPA ID NUMBER	
			PHONE NUMBER	608-788-8878

US DOT DESCRIPTION	IN EVENT OF EMERGENCY CALL 1-708-888-4660 (24 hours)	CONTAINER		TOTAL QUANTITY	UNIT WT/VOL	SK DOT NUMBER
		NO.	TYPE			
WASTE OIL (NOT USDOT HAZARDOUS MATERIAL)		001	TT	2110	G	0001073

OIL SERVICES CERTIFICATION NO. 1

CERTIFICATE OF USED OIL/ANTIFREEZE CLASSIFICATION
FOR SHIPMENT FROM A BRANCH TO A PROCESSING FACILITY

I certify that to the best of my knowledge, the used oil contained in this shipment does not contain regulated hazardous waste as defined in 40 CFR 261, and does not require the use of a hazardous waste manifest except in the following states as required by state law: Illinois, Missouri, Michigan, South Carolina, Massachusetts, and New Jersey. The oil has been collected and tested in compliance with 40 CFR 266 and applicable state laws using either:

- 1) Analytical data regarding the generator's used oil stream, or
- 2) Knowledge of the generator's process.

In addition, the collection drivers obtained certification from every generator that 40 CFR 261 Part D listed hazardous wastes have not been mixed with the used oil. Documentation supporting the above statements may be found in the files of the shipping facility identified above.

SHIPPER'S INITIALS

OIL SERVICES CERTIFICATION NO. 2

CERTIFICATE OF USED OIL/ANTIFREEZE CLASSIFICATION
FOR SHIPMENT FROM AN INTERMEDIATE STORAGE FACILITY
TO A PROCESSING FACILITY

I certify that all used oil contained in this shipment has been received at this site accompanied by a Certificate of Use Oil Classification from the collection branch/depot. That certificate ensure that all material was collected in compliance with 40CFR 266 and the used oil does not contain hazardous waste. Documentation supporting these statements are available at the shipping facilities.

SHIPPER'S INITIALS

SHIPPER'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

9403

SHIPPER NAME Dawn Palas	SIGNATURE X <i>Dawn Palas</i>	SHIPMENT DATE 01/21/94	MONTH DAY YEAR 01/21/94	TRUCK/ RAIL CAR NO.
TRANSPORTER NAME 1 CHAD HAATZ	SIGNATURE X <i>Chad Haatz</i>	DATE OF RECEIPT 01/21/94	MONTH DAY YEAR 01/21/94	
TRANSPORTER NAME 2	SIGNATURE X		MONTH DAY YEAR	
TRANSPORTER NAME 3	SIGNATURE X		MONTH DAY YEAR	
RECEIVING FACILITY	SIGNATURE X		MONTH DAY YEAR	



SHIPPER

ALLIED SIGNAL LAMINATE SYS
BX 370 NE CD 5
POSTVILLE

IA 52162

PHONE
NUMBER (319)864-7321US EPA ID NO.
STATE EPA ID NO.

REFERENCE NUMBER

724966

CUSTOMER NUMBER

5-150-71-211

MANIFEST NUMBER

XXXXXXXXXXXXXX

TRANSPORTER COMPANY NAME	ADDRESS	US EPA ID NUMBER
1 SAFETY-KLEEN CORP.	2109 1/2 WARD AVE LA CROSSE, WI	WI0980896641
2		
3		

RECEIVING FACILITY	SAFETY-KLEEN CORP. 2109 1/2 WARD AVE LA CROSSE, WI 54601	5-150-01	US EPA ID NUMBER	WI0980896641
			STATE EPA ID NUMBER	
			PHONE NUMBER	608-788-8878

US DOT DESCRIPTION	IN EVENT OF EMERGENCY CALL 1-708-888-4660 (24 hours)	CONTAINER		TOTAL QUANTITY	UNIT WT/VOL	SK DOT NUMBER
		NO.	TYPE			
WASTE OIL (NOT USED/HAZARDOUS MATERIAL)		001	TT	1800	G	0001073

OIL SERVICES CERTIFICATION NO. 1

CERTIFICATE OF USED OIL/ANTIFREEZE CLASSIFICATION
FOR SHIPMENT FROM A BRANCH TO A PROCESSING FACILITY

I certify that to the best of my knowledge, the used oil contained in this shipment does not contain regulated hazardous waste as defined in 40 CFR 261, and does not require the use of a hazardous waste manifest except in the following states as required by state law: Illinois, Missouri, Michigan, South Carolina, Massachusetts, and New Jersey. The oil has been collected and tested in compliance with 40 CFR 266 and applicable state laws using either:

- 1) Analytical data regarding the generator's used oil stream, or
- 2) Knowledge of the generator's process.

In addition, the collection drivers obtained certification from every generator that 40 CFR 261 Part D listed hazardous wastes have not been mixed with the used oil. Documentation supporting the above statements may be found in the files of the shipping facility identified above.

SHIPPER'S INITIALS

OIL SERVICES CERTIFICATION NO. 2

CERTIFICATE OF USED OIL/ANTIFREEZE CLASSIFICATION
FOR SHIPMENT FROM AN INTERMEDIATE STORAGE FACILITY
TO A PROCESSING FACILITY

I certify that all used oil contained in this shipment has been received at this site accompanied by a Certificate of Used Oil Classification from the collection branch/depot. That certificate ensure that all material was collected in compliance with 40CFR 266 and the used oil does not contain hazardous waste. Documentation supporting these statements are available at the shipping facilities.

SHIPPER'S INITIALS

SHIPPER'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

9407

SHIPPER NAME Ray Severn	SIGNATURE X Ray Severn	SHIPMENT DATE 02/27/94	MONTH DAY YEAR 02/27/94	TRUCK/ RAIL CAR NO.
TRANSPORTER NAME 1 GAD Kraft	SIGNATURE X GAD Kraft	DATE OF RECEIPT	MONTH DAY YEAR 02/27/94	
TRANSPORTER NAME 2	SIGNATURE X		MONTH DAY YEAR	
TRANSPORTER NAME 3	SIGNATURE X		MONTH DAY YEAR	
RECEIVING FACILITY	SIGNATURE X		MONTH DAY YEAR	



SHIPPER

ALLIED SIGNAL LAMINATE SYS
BX 370 NE CO R
POSTVILLE

IA 52162

PHONE
NUMBER 3191864-7321US EPA ID NO.
STATE EPA ID NO.

REFERENCE NUMBER

754454

CUSTOMER NUMBER

5-150-71-2115

MANIFEST NUMBER

XXXXXXXXXXXXXX

TRANSPORTER COMPANY NAME	ADDRESS	US EPA ID NUMBER
1 SAFETY-KLEEN CORP.	2109 1/2 WARD AVE LA CROSSE, WI	WI0980896641
2		
3		

SAFETY-KLEEN CORP.	5-150-01	US EPA ID NUMBER	WI0980896641
2109 1/2 WARD AVE		STATE EPA ID NUMBER	
LA CROSSE, WI 54601		PHONE NUMBER	608-788-8878

US DOT DESCRIPTION	IN EVENT OF EMERGENCY CALL 1-708-888-4660 (24 hours)	CONTAINER		TOTAL QUANTITY	UNIT WT/VOL	SK DOT NUMBER
		NO.	TYPE			
WASTE OIL (NOT USDOT HAZARDOUS MATERIAL)		001	TI	2110	G	0001073

OIL SERVICES CERTIFICATION NO. 1

CERTIFICATE OF USED OIL/ANTIFREEZE CLASSIFICATION
FOR SHIPMENT FROM A BRANCH TO A PROCESSING FACILITY

I certify that to the best of my knowledge, the used oil contained in this shipment does not contain regulated hazardous waste as defined in 40 CFR 261, and does not require the use of a hazardous waste manifest except in the following states as required by state law: Illinois, Missouri, Michigan, South Carolina, Massachusetts, and New Jersey. The oil has been collected and tested in compliance with 40 CFR 266 and applicable state laws using either:

- 1) Analytical data regarding the generator's used oil stream, or
- 2) Knowledge of the generator's process.

In addition, the collection drivers obtained certification from every generator that 40 CFR 261 Part D listed hazardous wastes have not been mixed with the used oil. Documentation supporting the above statements may be found in the files of the shipping facility identified above.

SHIPPER'S INITIALS

OIL SERVICES CERTIFICATION NO. 2

CERTIFICATE OF USED OIL/ANTIFREEZE CLASSIFICATION
FOR SHIPMENT FROM AN INTERMEDIATE STORAGE FACILITY
TO A PROCESSING FACILITY

I certify that all used oil contained in this shipment has been received at this site accompanied by a Certificate of Used Oil Classification from the collection branch/depot. That certificate ensure that all material was collected in compliance with 40CFR 266 and the used oil does not contain hazardous waste. Documentation supporting these statements are available at the shipping facilities.

SHIPPER'S INITIALS

SHIPPER'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

9411

SHIPPER NAME Ray Severson	SIGNATURE X Ray Severson	SHIPMENT DATE 03/16/94	MONTH DAY YEAR 03/16/94	TRUCK/ RAIL CAR NO.
TRANSPORTER NAME 1 CHAD KRAFT	SIGNATURE X Chad Kraft	DATE OF RECEIPT	MONTH DAY YEAR 03/16/94	
TRANSPORTER NAME 2	SIGNATURE X		MONTH DAY YEAR	
TRANSPORTER NAME 3	SIGNATURE X		MONTH DAY YEAR	
RECEIVING FACILITY	SIGNATURE X		MONTH DAY YEAR	



SHIPPER

ALLIED SIGNAL LAMINATE SYS
BX 370 NE CO RD
POSTVILLE IA 52162

PHONE NUMBER (319) 864-7321

US EPA ID NO.
STATE EPA ID NO.

REFERENCE NUMBER
783857
CUSTOMER NUMBER
5-150-71-2115
MANIFEST NUMBER
XXXXXXXXXXXXXX

TRANSPORTER COMPANY NAME SAFETY-KLEEN CORP.	ADDRESS 2109 1/2 WARD AVE LA CROSSE, WI	US EPA ID NUMBER WID980896641
SAFETY-KLEEN CORP. 2109 1/2 WARD AVE LA CROSSE, WI 54601		5-150-01 US EPA ID NUMBER WID980896641 STATE EPA ID NUMBER PHONE NUMBER 608-788-8878

US DOT DESCRIPTION	IN EVENT OF EMERGENCY CALL 1-708-888-4660 (24 hours)	CONTAINER		TOTAL QUANTITY	UNIT WT/VOL	SK DOT NUMBER
		NO.	TYPE			
WASTE OIL (NOT USDOT HAZARDOUS MATERIAL)		001	TT	1780	G	0001073

SHIPPER'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

SHIPPER NAME Dave Palas	SIGNATURE X <i>Dave Palas</i>	SHIPMENT DATE 04/13/94
TRANSPORTER NAME 1 Chad Kautz	SIGNATURE X <i>Chad Kautz</i>	DATE OF RECEIPT 04/13/94
TRANSPORTER NAME 2	SIGNATURE X	DATE OF RECEIPT
TRANSPORTER NAME 3	SIGNATURE X	DATE OF RECEIPT
CEIVING FACILITY	SIGNATURE X	DATE OF RECEIPT

9415

CUSTOMER



ALLIED SIGNAL LAMINATE SYS
BX 370 NE CO RD
POSTVILLE IA 52162

SHIPPER

PHONE
NUMBER 3191864-7321

US EPA ID NO.
STATE EPA ID NO.

REFERENCE NUMBER

813578

CUSTOMER NUMBER

5-150-71-2115

MANIFEST NUMBER

XXXXXXXXXXXXXX

TRANSPORTER COMPANY NAME	ADDRESS	US EPA ID NUMBER
1 SAFETY-KLEEN CORP.	2109 1/2 WARD AVE LA CROSSE, WI	WI0980896641
2		
3		

HANDLER	SAFETY-KLEEN CORP. 2109 1/2 WARD AVE LA CROSSE, WI 54601	5-150-01	US EPA ID NUMBER	WI0980896641
			STATE EPA ID NUMBER	
			PHONE NUMBER	608-788-8878

US DOT DESCRIPTION	IN EVENT OF EMERGENCY CALL 1-708-888-4660 (24 hours)	CONTAINER		TOTAL QUANTITY	UNIT WT/VOL	SK DOT NUMBER
		NO.	TYPE			
WASTE OIL (NOT USDOT HAZARDOUS MATERIAL)		001	TT	3395	G	DC01073

SHIPPER'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable International and national government regulations.

9419

SHIPPER NAME	Dave Palas	SIGNATURE X	SHIPMENT DATE	MONTH DAY YEAR
TRANSPORTER NAME 1	CHAD KATZ	SIGNATURE X	DATE OF RECEIPT	MONTH DAY YEAR
TRANSPORTER NAME 2		SIGNATURE X		MONTH DAY YEAR
TRANSPORTER NAME 3		SIGNATURE X		MONTH DAY YEAR
RECEIVING FACILITY		SIGNATURE X		MONTH DAY YEAR

CUSTOMER



SHIPPER

Alfred Signal Laminator Systems
Box 2 N.E. Co. Rd.
Positville, IA 52162

PHONE NUMBER 319-864-7321

US EPA ID NO.

STATE EPA ID NO.

I certify that my hazardous waste streams total less than 220 pounds (100 kg) for this calendar month and that I am not required to obtain an EPA identification number.

GENERATOR'S INITIALS

REFERENCE NUMBER

1510013

CUSTOMER NUMBER

2115

MANIFEST NUMBER

TRANSPORTER COMPANY NAME		ADDRESS	US EPA ID NUMBER
1	SAFETY KLEEN CORP	21091 WARD AVE LA CROSSE WI	WD980896641
2			
3			

DESIGNATED FACILITY	SAFETY KLEEN CORP 601 RILEY ROAD EAST CHICAGO IN 46312	0-006-10	US EPA ID NUMBER	IND984908202
			STATE EPA ID NUMBER	
			PHONE NUMBER	219-397-1131

US DOT DESCRIPTION	IN EVENT OF EMERGENCY CALL 1-708-888-4660 (24 hours)	CONTAINER		TOTAL QUANTITY	UNIT WT/VOL	SK DOT NUMBER
		NO.	TYPE			
WASTE OIL, (NOT USDOT HAZARDOUS MATERIAL)		001	JT	2710	G	0001073

NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

WASTE NAME	EPA WASTE CODES	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD (Mg/l) OR METHOD FOR NON-WASTE WATER
<input checked="" type="checkbox"/> USED OIL		RECYCLERS EXEMPTION	
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).
*These treatment standards do not preclude reclamation prior to final disposition. Safety-Kleen Corp. manages the above waste through its recycling and fuels programs in accordance with all applicable elements of the land disposal restrictions.

Under manifest number _____, the generator noted above is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal. A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

SHIPPER'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

SHIPPER NAME Dave Palas	SIGNATURE X <i>Dave Palas</i>	SHIPMENT DATE 05/18/90	MONTH DAY YEAR 05/18/90
TRANSPORTER NAME 1 Chad Kaatz	SIGNATURE X <i>Chad Kaatz</i>	DATE 05/17/90	MONTH DAY YEAR 05/17/90
TRANSPORTER NAME 2	SIGNATURE X	DATE	MONTH DAY YEAR
TRANSPORTER NAME 3	SIGNATURE X	DATE	MONTH DAY YEAR
DESIGNATED FACILITY	SIGNATURE X	DATE	MONTH DAY YEAR

CUSTOMER

EPA 1300 (7/90)



56624

P.O. BOX 19276

SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6771

FOR SHIPMENT OF HAZARDOUS, INFECTIOUS
AND SPECIAL WASTE.

State Form LPC 62 8/81 IL532-06

EPA Form 8700-22 (Rev. 9-88)

Form Approved. OMB No. 2050-0039, Expires 9-30-91

PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

IAD073489288

Manifest
Document No.

184041

2. Page 1

of 1

Information in the shaded areas is not
required by Federal law, but is required by
Illinois law.

3. Generator's Name and Mailing Address

AlliedSignal Laminate Systems
Northeast County Rd.
Postville, Ia. 52162

4. Generator's Phone

319-864-7321

5. Transporter 1 Company Name

SCHNEIDER TANK LINES INC.

6. US EPA ID Number

IWD98090472

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

Safety-Kleen Corp.
633 E. 138th St.
Dolton, IL 60419

10. US EPA ID Number

ILD98064413913

A. Illinois Manifest Document Number

IL 3484041

MANIFEST
FFF EXEMPTB. Illinois
Generator's
ID

191190051531214

C. Illinois Transporter's ID

11266

D. (800) 558-6123 Transporter's Phone

E. Illinois Transporter's ID

F. () Transporter's Phone

G. Illinois
Facility's
ID

108110619001016

H. Facility's Phone

1708 849-4850

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total
Quantity14. Unit
WT/Vol

1. Waste No.

a. RQ Waste Flammable Liquid, N.O.S.
(Toluene and Acetone) Flammable Liquid
UN1993 (F005) (ERG #27)

0.79 DM

04345

XX EPA HW Number
Authorization Numberb. RQ Waste Flammable Liquids, N.O.S.
(Methyl Ethyl Ketone) 3
UN1993 PG III (F005) (ERG#27)

0.01 DM

00055

XX EPA HW Number
Authorization Number

c.

XX EPA HW Number
Authorization Number

d.

XX EPA HW Number
Authorization Number

J. Additional Description for Materials Listed Above

11A) Foo3, D001, D035, D007, D008

11B) D001, D035, F003

1B = 150K drums

11 = 150K drums

K. Handling Codes for Wastes Listed Above
in Item #14

1 = Gallons 2 = Cubic Yards

501/502/T50 501

15. Special Handling Instructions and Additional Information

Control II's 11A) 99357 Emergency Cont act# 1-800-688-4005
11B) 99559

58794934

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by
proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway
according to applicable international and national government regulations.If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to
be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present
and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and
select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

JESSE TRENT

Signature

Jesse Trent

Date

Month Day Year

081793

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

BILLY RAMSEY

Signature

Billy Ramsey

Date

Month Day Year

081793

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date

Month Day Year

19. Discrepancy Indication Space

H-Added Fac-Phone # at TSPF

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Mary Ann Kraus

Signature

Mary Ann Kraus

Date

Month Day Year

081793

This Agency is authorized to require, pursuant to Illinois Revised Statutes, Chapter 111½ Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against
the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by
the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

In case of a spill call the Illinois Office of Emergency Response at 217 / 782-3637 and the National Response Center at 800 / 424-9802 or 202 / 426-2010.

NOTICE OF LAND DISPOSAL RESTRICTION OF W.

TO: SAFETY-KLEEN CORP. EPA ID NO: ILD980613913

Under manifest number 3484041 line number 11a, 11b (enter 11a, 11b, 11c or 11d) the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR 268.7, the generator hereby provides notice that the waste is restricted and the EPA waste code and the appropriate treatment standards are as follows:

EPA Waste Codes: F005 F003 D001 D035 D007 D008

F001-F005 Spent Solvents

Regulated Hazardous Constituent	TREATMENT STANDARDS (total mg/l, except as noted by TCLP)			
	Wastewater w/Solvents	Check All That Apply	All Other Solvent Wastes	Check All That Apply
Acetone	0.28	<input checked="" type="checkbox"/>	180	<input type="checkbox"/>
Benzene	0.07	<input type="checkbox"/>	3.7	<input type="checkbox"/>
n-Butyl alcohol	5.6	<input type="checkbox"/>	2.6	<input type="checkbox"/>
Carbon disulfide	0.014	<input type="checkbox"/>	4.8	TCLP <input type="checkbox"/>
Carbon tetrachloride	0.057	<input type="checkbox"/>	5.6	<input type="checkbox"/>
Chlorobenzene	0.057	<input type="checkbox"/>	5.7	<input type="checkbox"/>
Cresol (m- and p-isomers)	0.77	<input type="checkbox"/>	3.2	<input type="checkbox"/>
o-Cresol	0.11	<input type="checkbox"/>	5.6	<input type="checkbox"/>
Cyclohexanone	0.36	<input type="checkbox"/>	0.75	TCLP <input type="checkbox"/>
o-Dichlorobenzene	0.088	<input type="checkbox"/>	6.2	<input type="checkbox"/>
Ethyl acetate	0.34	<input type="checkbox"/>	33	<input type="checkbox"/>
Ethyl benzene	0.057	<input type="checkbox"/>	6.0	<input type="checkbox"/>
Ethyl ether	0.12	<input type="checkbox"/>	160	<input type="checkbox"/>
Isobutyl alcohol	5.6	<input type="checkbox"/>	170	<input type="checkbox"/>
Methanol	5.6	<input type="checkbox"/>	0.75	TCLP <input type="checkbox"/>
Methylene chloride	0.089	<input type="checkbox"/>	33	<input type="checkbox"/>
Methylene chloride (from Pharm. Industry)	0.44	<input type="checkbox"/>	33	<input type="checkbox"/>
Methyl ethyl ketone	0.28	<input type="checkbox"/>	36	<input type="checkbox"/>
Methyl isobutyl ketone	0.14	<input type="checkbox"/>	33	<input type="checkbox"/>
Nitrobenzene	0.068	<input type="checkbox"/>	14	<input type="checkbox"/>
Pyridine	0.014	<input type="checkbox"/>	16	<input type="checkbox"/>
Tetrachloroethylene	0.056	<input type="checkbox"/>	5.6	<input type="checkbox"/>
Toluene	0.08	<input checked="" type="checkbox"/>	28	<input type="checkbox"/>
1,1,1-Trichloroethane	0.054	<input type="checkbox"/>	5.6	<input type="checkbox"/>
1,1,2-Trichloroethane	0.03	<input type="checkbox"/>	7.6	<input type="checkbox"/>
1,1,2-Trichloro-1,2,2-trifluoroethane	0.057	<input type="checkbox"/>	28	<input type="checkbox"/>
Trichloroethylene	0.054	<input type="checkbox"/>	5.6	<input type="checkbox"/>
Trichloromonofluoromethane	0.02	<input type="checkbox"/>	33	<input type="checkbox"/>
Xylenes (total)	0.32	<input type="checkbox"/>	28	<input type="checkbox"/>

NOTE: Strike through the LDR section if no standards apply. Strike through the ODS section if no warning notice is required.

California List Prohibited Wastes	Level (mg/l)	Treatment Standard	
Halogenated Organic Compounds	1000.0	Incineration*	*These treatment standards do not preclude solvent recovery or use as fuel prior to land disposal.
Nickel (Ni)	134.0	None	
Thallium (Tl)	130.0	None	
Chlorinated Biphenyls (PCB's)	50.0	Incineration	

Waste Descriptions and/or Treatment Subcategory		Treatment Standards Reference in 40 CFR and Technology Codes for 40 CFR 268.42(a)		Check All That Apply
Waste Code	Description	Wastewaters	Nonwastewaters	
D001:	Wastewaters (<1.0 wt% TOC and TSS)	268.42(a) DEACT	NA	
	Low TOC Ignitable Liquids (<10 wt% TOC)	NA	268.42(a) DEACT	
	High TOC Ignitable Liquids (>10 wt% TOC)	NA	268.42(a) RORGS, FSUBS, or INCIN	
D002	Corrosives, all subcategories & CA list	268.42(a) DEACT	268.42(a) DEACT	
D004	Arsenic (As)	268.43(a)	268.41(a)	
D005	Barium (Ba)	268.43(a)	268.41(a)	
D006	Cadmium (Cd)	268.43(a)	268.41(a)	
D007	Chromium (Cr)	268.43(a)	268.41(a)	
D008	Lead (Pb)	268.43(a)	268.41(a)	
D009:	Low Mercury Subcategory (<260 ppm Hg)	268.43(a)	268.41(a)	
	High Mercury Subcategory (>=260 ppm Hg)	268.43(a)	268.42(a) RMERC	
D010	Selenium (Se)	268.43(a)	268.41(a)	
D011	Silver (Ag)	268.43(a)	268.41(a)	
F005	2-Ethoxyethanol	268.42(a) INCIN*	268.42(a) INCIN*	
F005	2-Nitropropane	268.42(a) INCIN*	268.42(a) INCIN*	
Other Codes	See attachment for supplemental list			

This hazardous debris is subject to the alternative treatment standards of 40 CFR 268.45 (check if applicable) _____ for the above contaminants that are subject to treatment.

Generator Name: ALLIED SIGNAL EPA ID: IAD073489288
 Generator Signature: Jesse Trent Name & Title: JESSE TRENT, ENVIRONMENTAL
 Safety-Kleen Survey Number: 125991, 125992 Control Number: 099559, 099357

NOTE: The USEPA has not determined treatment standards for the new TCLP EPA Waste Numbers: D018 through D043.

NOTICE FOR MATERIALS THAT CONTAIN OZONE DEPLETING SUBSTANCES

WARNING: Contains

____ 1,1,1-Trichloroethane (Methylchloroform),
 ____ Chlorotrifluoromethane (CFC-13),
 ____ Dichlorotetrafluoroethane (CFC-114),
 ____ Trichlorofluoromethane (CFC-11),
 ____ Other (name must be typed) _____
 ____ Carbon Tetrachloride (CCL4),
 ____ Dichlorodifluoromethane (CFC-12),
 ____ Tetrachlorodifluoroethane (CFC-112),
 ____ Trichlorotrifluoroethane (CFC-113),

a substance which harms public health and environment by destroying ozone in the upper atmosphere.

CHECK ALL OF THE ABOVE THAT APPLY.

(revised 5/93) for use by Safety-Kleen Corp. EnviroSystems and Technical Services.



61643

P.O. BOX 19276

SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-1111

FOR SHIPMENT OF HAZARDOUS, INFECTIOUS
AND SPECIAL WASTE.

PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

State Form LPC 62 8/81

IL532-L

EPA Form 8700-22 (Rev. 9-88)

Form Approved. OMB No. 2050-0039, Expires 9-30-91

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

IAD073489288

Manifest
Document No.

84042

2. Page 1

of 1

Information in the shaded areas is not
required by Federal law, but is required by
Illinois law.

3. Generator's Name and Mailing Address

AlliedSignal
PO Box 370

Location If Different:

665 Lybrand St.

Postville, Ia 52162

4. Generator's Phone (319)

864-7321

5. Transporter 1 Company Name

Schneider Tank Lines Inc

6. US EPA ID Number

WID980904742

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

Safety-Kleen Corp.

633 E. 138th St.

Dolton, IL 60419

10. US EPA ID Number

ILD980613913

A. Illinois Manifest Document Number

IL 3484042

MANIFEST
FEE EXEMPTB. Illinois
Generator's
ID

9 1 19 00 15 53 124

C. Illinois Transporter's ID

1266

D. (800) 558-6623 Transporter's Phone

E. Illinois Transporter's ID

1266

F. () Transporter's Phone

G. Illinois
Facility's
ID

103 11 06 19 00 10 16

H. Facility's Phone

(708) 849-4850

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total
Quantity14. Unit
Wt/Vol

1. Waste No.

a. RQ Waste Flammable Liquid., N.O.S. (Toluene &
Flammable Liquid, 3, UN1993, II, Acetone)

049

DM

0 26 95

1

EPA HW Number

X X F 0 0 1 5

Authorization Number

0 10 01 16 1

b. RQ Waste Flammable Liquid., N.O.S. (Methyl ETHYL
Ketone) 3, UN1993, III, (F005) (ERG#27)

001

DM

0 00 55

1

EPA HW Number

X X F 0 0 1 5

Authorization Number

0 10 01 16 1

c.

EPA HW Number

X X

Authorization Number

d.

EPA HW Number

X X

Authorization Number

J. Additional Description for Materials Listed Above

11A) F003, D001, D035, D007, D008

11B) D001, D035, F003

K. Handling Codes for Wastes Listed Above
In Item #14

1 = Gallons 2 = Cubic Yards

501/502/T50

15. Special Handling Instructions and Additional Information

Control #'s 11A) 99357 Emergency Contact #1-800-688-4005

11B) 99559

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by
proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway
according to applicable international and national government regulations.If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to
be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present
and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and
select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

JESSE TRENT

Signature

Jesse Trent

Date

Month Day Year

1 0 2 2 9 3

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

BILLY RANKET

Signature

Billy Ranket

Date

Month Day Year

1 0 2 2 9 3

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date

Month Day Year

19. Discrepancy Indication Space

11A - Corrected PG #, 11B - Corrected DOT Desc. approved by
J. Trent. 11/2/93

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Mary Ann Kraus

Signature

Mary Ann Kraus

Date

Month Day Year

1 0 2 2 9 3

This Agency is authorized to require, pursuant to Illinois Revised Statutes, Chapter 111 1/2 Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against
the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by
the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

TO: SAFETY-KLEEN CORP EPA ID NO: ILD980613913
633 EAST 138TH ST DOLTON IL 60419

Under manifest number 1L3484042 line number 11a (enter 11a, 11b, 11c, OR 11d) the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR 268.7, the generator hereby provides notice that the waste is restricted and the EPA waste code and the appropriate treatment standards are as follows:

EPA WASTE CODES: F005 D001 F003 D007 D008

Regulated Hazardous Constituent	TREATMENT STANDARDS (total mg/l, except as noted by TCLP)			
	Wastewater W/Solvents	Check All That apply	All Other Solvent Wastes	Check All That Apply
Acetone	0.28	_____	160	X
Benzene	0.07	_____	3.7	_____
N-Butyl alcohol	5.6	_____	2.6	X
Carbon disulfide	0.014	_____	4.8	TCLP
Carbon tetrachloride	0.057	_____	5.6	_____
Chlorobenzene	0.057	_____	5.7	_____
Cresol (m- and p-isomers)	0.77	_____	3.2	_____
o-Cresol	0.11	_____	5.6	_____
Cyclohexanone	0.36	_____	0.75	TCLP
o-Dichlorobenzene	0.088	_____	6.2	_____
Ethyl acetate	0.34	_____	33	_____
Ethyl benzene	0.057	_____	6.0	_____
Ethyl ether	0.12	_____	160	_____
Isobutyl alcohol	5.6	_____	170	_____
Methanol	5.6	_____	0.75	TCLP
Methylene chloride	0.089	_____	33	X
Methylene chloride(from Pharm. Industry)	0.44	_____	33	_____
Methyl ethyl ketone	0.28	_____	36	X
Methyl isobutyl ketone	0.14	_____	33	_____
Nitrobenzene	0.068	_____	14	_____
Pyridine	0.014	_____	16	_____
Tetrachloroethylene	0.056	_____	5.6	_____
Toluene	0.08	_____	28	X
1,1,1-Trichloroethane	0.054	_____	5.6	_____
1,1,2-Trichloroethane	0.03	_____	7.6	_____
1,1,2-Trichloro-1,2,2-trifluoroethane	0.057	_____	28	_____
Trichlorethylene	0.054	_____	5.6	_____
Trichloromonofluoromethane	0.02	_____	33	_____
Xylenes (total)	0.32	_____	28	_____

California List Prohibited Wastes	Level (mg/l)	Treatment Standard	
Halogenated Organic Compounds	1000.0	Incineration*	
Nickel (Ni)	134.0	None	
Thallium (Tl)	130.0	None	
Chlorinated Biphenyls (PCB's)	50.0	Incineration	

* These treatment standards do not preclude solvent recovery or use as fuel prior to land disposal.

Waste Descriptions and/or Treatment Subcategory		Treatment Standards Reference in 40 CFR and Technology Codes for 40 CFR 268.42(a)		Check All That Apply
Waste code	Description	Wastewaters	Nonwastewaters	
D001:	Wastewaters (<1.0 wt% TOC and TSS)	268.42(a) DEACT	NA	
	Low TOC Ignitable Liquids (<10 wt% TOC)	NA	268.42(a) DEACT	
	High TOC Ignitable Liquids (>10 wt% TOC)	NA	268.42(a) RORGS, FSUBS, OR INCIN	X
D002	Corrosives, all subcategories & CA list	268.42(a) DEACT	268.42(a) DEACT	
D004	Arsenic(As)	268.43(a)	268.41(a)	
D005	Barium (Ba)	268.43(a)	268.41(a)	
D006	Cadmium (Cd)	268.43(a)	268.41(a)	
D007	Chromium (Cr)	268.43(a)	268.41(a)	X
D008	Lead (Pb)	268.43(a)	268.41(a)	X
D009:	Low Mercury Subcategory (<260 ppm Hg)	268.43(a)	268.41(a)	
	High Mercury Subcategory (>=260 ppm Hg)	268.43(a)	268.42(a) RMERC	
D010	Selenium (Se)	268.43(a)	268.41(a)	
D011	Silver (Ag)	268.43(a)	268.41(a)	
F005	2-Ethoxyethanol	268.42(a) INCIN*	268.42(a) INCIN*	
F005	2-Nitropropane	268.42(a) INCIN*	268.42(a) INCIN*	
Other Codes See attachment for supplemental list				

This hazardous debris is subject to the alternative treatment standards of 40 CFR 268.45 for the above contaminants that are subject to treatment. (check if applicable) _____

Generator Name: ALLIED SIGNAL LAMINATE SYS EPA ID: IAD073489288
 Generator Signature: Jesse Trent Name & Title: JESSE TRENT, E.H.S. SPEC
 Safety-Kleen Sample Number: 125992 Control Number: 0099357-7

NOTE: The USEPA has not determined treatment standards for the new TCLP EPA Waste Numbers: D018 through D043.

TO: SAFETY-KLEEN CORP EPA ID NO: ILD980613913
633 EAST 138TH ST DOLTON IL 60419

Under manifest number 1L3484042 line number 11b (enter 11a, 11b, 11c, OR 11d) the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR 268.7, the generator hereby provides notice that the waste is restricted and the EPA waste code and the appropriate treatment standards are as follows:

EPA WASTE CODES: F005 D035 F003 D001

F001-F005 Spent Solvents

Regulated Hazardous Constituent	TREATMENT STANDARDS (total mg/l, except as noted by TCLP)			
	Wastewater W/Solvents	Check All That apply	All Other Solvent Wastes	Check All That Apply
Acetone	0.28	_____	160	<u>X</u>
Benzene	0.07	_____	3.7	_____
N-Butyl alcohol	5.6	_____	2.6	_____
Carbon disulfide	0.014	_____	4.8	TCLP _____
Carbon tetrachloride	0.057	_____	5.6	_____
Chlorobenzene	0.057	_____	5.7	_____
Cresol (m- and p-isomers)	0.77	_____	3.2	_____
o-Cresol	0.11	_____	5.6	_____
Cyclohexanone	0.36	_____	0.75	TCLP _____
o-Dichlorobenzene	0.088	_____	6.2	_____
Ethyl acetate	0.34	_____	33	_____
Ethyl benzene	0.057	_____	6.0	_____
Ethyl ether	0.12	_____	160	_____
Isobutyl alcohol	5.6	_____	170	_____
Methanol	5.6	_____	0.75	TCLP _____
Methylene chloride	0.089	_____	33	_____
Methylene chloride(from Pharm. Industry)	0.44	_____	33	_____
Methyl ethyl ketone	0.28	_____	36	<u>X</u>
Methyl isobutyl ketone	0.14	_____	33	_____
Nitrobenzene	0.068	_____	14	_____
Pyridine	0.014	_____	16	_____
Tetrachloroethylene	0.056	_____	5.6	_____
Toluene	0.08	_____	28	<u>X</u>
1,1,1-Trichloroethane	0.054	_____	5.6	_____
1,1,2-Trichloroethane	0.03	_____	7.6	_____
1,1,2-Trichloro-1,2,2-trifluoroethane	0.057	_____	28	_____
Trichlorethylene	0.054	_____	5.6	_____
Trichloromonofluoromethane	0.02	_____	33	_____
Xylenes (total)	0.32	_____	28	_____

California List Prohibited Wastes	Level (mg/l)	Treatment Standard	
Halogenated Organic Compounds	1000.0	Incineration*	_____
Nickel (Ni)	134.0	None	_____
Thallium (Tl)	130.0	None	_____
Chlorinated Biphenyls (PCB's)	50.0	Incineration	_____

* These treatment standards do not preclude solvent recovery or use as fuel prior to land disposal.

Waste Descriptions and/or Treatment Subcategory		Treatment Standards Reference in 40 CFR and Technology Codes for 40 CFR 268.42(a)		Check All That Apply
Waste code	Description	Wastewaters	Nonwastewaters	
D001:	Wastewaters (<1.0 wt% TOC and TSS)	268.42(a) DEACT	NA	_____
	Low TOC Ignitable Liquids (<10 wt% TOC)	NA	268.42(a) DEACT	_____
	High TOC Ignitable Liquids (>10 wt% TOC)	NA	268.42(a) RORGS, FSUBS, OR INCIN	<u>X</u>
D002	Corrosives, all subcategories & CA list	268.42(a) DEACT	268.42(a) DEACT	_____
D004	Arsenic(As)	268.43(a)	268.41(a)	_____
D005	Barium (Ba)	268.43(a)	268.41(a)	_____
D006	Cadmium (Cd)	268.43(a)	268.41(a)	_____
D007	Chromium (Cr)	268.43(a)	268.41(a)	_____
D008	Lead (Pb)	268.43(a)	268.41(a)	_____
D009:	Low Mercury Subcategory (<260 ppm Hg)	268.43(a)	268.41(a)	_____
	High Mercury Subcategory (>=260 ppm Hg)	268.43(a)	268.42(a) RMERC	_____
D010	Selenium (Se)	268.43(a)	268.41(a)	_____
D011	Silver (Ag)	268.43(a)	268.41(a)	_____
F005	2-Ethoxyethanol	268.42(a) INCIN*	268.42(a) INCIN*	_____
F005	2-Nitropropane	268.42(a) INCIN*	268.42(a) INCIN*	_____
Other Codes See attachment for supplemental list		_____	_____	_____

This hazardous debris is subject to the alternative treatment standards of 40 CFR 268.45 for the above contaminants that are subject to treatment. (check if applicable) _____

Generator Name: ALLIED SIGNAL LAMINATE SYS EPA ID: IAD073489288
 Generator Signature: Jesse Trent Name & Title: JESSE TRENT, EH&S SPEC
 Safety-Kleen Sample Number: 125991 Control Number: 0099559-6

NOTE: The USEPA has not determined treatment standards for the new TCLP EPA Waste Numbers: D018 through D043.



**MICHIGAN DEPARTMENT
OF NATURAL RESOURCES**

DO NOT WRITE IN THIS SPACE

ATT. ☐ DIS. ☐ REJ. ☐ PR. ☐

1979, as amended and Act 100, P.A. 1969.
Failure to file is punishable under section 299.548 MCL or Section 10 of Act 136, P.A. 1969.

Form Approved. OMB No. 2050-0039 Expires 9-30-94

Please print or type

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal
law

3. Generator's Name and Mailing Address

AlliedSignal PO Box 370
665 Lybrand St. Postville, Iowa 52162

A. State Manifest Document Number
MI 3016667

B. State Generator's ID

4. Generator's Phone (319) 864-7321

6. US EPA ID Number

C. State Transporter's ID

5. Transporter 1 Company Name

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

9. Designated Facility Name and Site Address

10. US EPA ID Number

F. Transporter's Phone

G. State Facility's ID

CYANOKEM

12381 Schaefer Hwy.
Detroit, MI 48227

MI D109 8101 19912

H. Facility's Phone

11. US DOT Description (including Proper Shipping Name, Hazard Class, and
HM ID NUMBER).

12. Containers
No. Type

13.
Total
Quantity

14.
Unit
M/Vol

1. Waste
No.

N/H

a. X Waste Ferric Chloride, Solⁿ N88, UN2582,
III, (D002, D007)
RO (Corrosive Liquid)

0 02

DF

0 01

1 0

G

D0 02

H

J. Additional Descriptions for Materials Listed Above

a) ERG 460
D007

Emergency Phone Number (608) 784-6070

K. Handling Codes for Wastes
Listed Above

a/ /

b/ /

c/ /

d/ /

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable International and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Date
Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date
Month Day Year

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name

Signature

Date
Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Date
Month Day Year

GENERATOR RESTRICTED WASTE NOTIFICATION LAND DISPOSAL RESTRICTIONS COMPLIANCE

 EFFECTIVE DATE:
AUGUST 8, 1990

This form meets generator restricted waste notification to CyanokEM as required by 40 CFR Part 268.7. The notification statement under category IV is not required by law. However, we strongly request that you adhere to the intent. It has been written and included by CyanokEM for the safety and benefit of our customers and our employees.

THIS FORM IS MANIFEST SPECIFIC. PLEASE USE A NEW FORM FOR EACH MANIFEST NUMBER.

 Generator Name/Location ALLIED SIGNAL LAMINATE SYSTEMS

 EPA ID Number 14D073489288 Manifest Number M13016667

 Waste Analysis Available? Yes No X . If yes, attach copy per 40 CFR Part 268.7 (a) (1) (iv).

I. RESTRICTED WASTE NOTIFICATION (Corresponding Treatment Standard(s)) Certain wastes have been restricted from land disposal effective May 8, 1990, but are treatable at CyanokEM. Restricted wastes treatable at CyanokEM are identified in Tables I and II for non-wastewaters and wastewaters respectively. If your waste is classified as any of those listed in Table I or II, write your W-number(s) in the space provided below and circle either "N" or "W" to indicate whether the waste stream is subject to non-wastewater or wastewater standards. Record all the waste codes applicable to each waste stream in the spaces provided, then proceed to either Table I or II to determine the treatment standards applicable to your waste stream. Tables I and II have three columns which indicate the appropriate references to the regulations as required for this notification. Treatment standards under the left column labeled 268.41(a) and CCWE refer to analytical standards based on an extract of the waste, while treatment standards in the right column labeled 268.43(a) and CCW refer to analytical standards based on the waste in total. Treatment standards in the center column labeled 268.42(a) and Spec Tech refer to the specified technology required for treating your waste. Find each waste code applicable to your waste stream in Table I or II and record an "X" in the appropriate treatment standard column below for CCWE or CCW based standards. For waste codes based on a specified technology, write the 5-digit code indicating that technology in the space provided in the center column below. (The legends at the bottom of Tables I and II give the correct 5-digit code as referenced by abbreviation in the Tables.) See the example below.

Use additional forms as necessary to account for all W numbers on your shipment. Put a check beside the boldfaced notification statement below and proceed to complete the other sections of this form as applicable.

				TREATMENT STANDARD - 40 CFR		
				CCWE	Spec Tech	CCW
				268.41(a)	268.42(a)	268.43(a)
Example:	W Number 00003-xxxx	(N) W	Code(s): D001 (oxidizers) D008	<input checked="" type="checkbox"/>	DEACT	<input type="checkbox"/>
W Number	<u>15867</u>	N W	Code(s): <u>D002, D007</u>	<input checked="" type="checkbox"/>	DEACT	<input type="checkbox"/>
W Number	_____	N W	Code(s): _____	<input type="checkbox"/>	_____	<input type="checkbox"/>
W Number	_____	N W	Code(s): _____	<input type="checkbox"/>	_____	<input type="checkbox"/>
W Number	_____	N W	Code(s): _____	<input type="checkbox"/>	_____	<input type="checkbox"/>

(/) X I notify that I personally examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste does not comply with the treatment standards specified in 40 CFR 268, Subpart D and must be treated to the appropriate regulatory treatment standard prior to land disposal.

II. WASTE SPECIFIC PROHIBITIONS. (California list wastes.) Additional notification is required under 40 CFR 268.32(j) to state specific characteristics for which land disposal is prohibited. If your waste contains any of these constituents or meets any of these properties, please check below.

- 1) PCB \geq 50 ppm 2) Halogenated organic carbon, (HOC's) \geq 1000 mg/l
- 3) Liquids or any free liquids associated with any solid or sludge, containing the following metals or compounds of these metals:
- Nickel (Ni) \geq 134 mg/l Thallium (Tl) \geq 130 mg/l

W Number Code(s):

W Number Code(s):

III. RESTRICTED WASTES SUBJECT TO A VARIANCE. CyanokEM is capable of treating several restricted wastes currently subject to National Capacity Variances. If your waste is subject to a land disposal variance of any type, please indicate below.

W Number # Waste Code(s):

Variance

Variance Expiration Date:

IV. UNRESTRICTED WASTE NOTIFICATION If your waste does not fall into the categories listed above in Items I, II or III, write in the W Number(s) and the waste code(s) (Michigan Designations e.g. 029L) and make a check beside the following notification statement.

W Number 15867 Code(s): 0010 W Number Codes:

W Number Code(s): W Number Codes:

(/) X I notify that I have personally examined and am familiar with the waste through analysis and testing or through notification that the waste is not restricted as specified in 40 CFR 268, Subpart D and all applicable prohibitions set forth in 268.32 or RCRA 3004(d).

Signature: Jesse Trent Date: 11/9/93

Print Name: JESSE TRENT Title: EHS SPEC

PLEASE INCLUDE THIS NOTIFICATION WITH ORIGINAL SIGNATURE WITH YOUR MANIFEST!



5-150-01

Please print or type. Form designed for use on elite (12-pitch) typewriter.

Form Approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. IAD 073489288	Manifest Document No. 19456	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address NORPLEX DIV BOX 370 NORTHEAST CTY RD POSTVILLE IA 52162				A. State Manifest Document Number WI J413738	
4. Generator's Phone 319 864-7321				B. State Generator's ID	
5. Transporter 1 Company Name SAFETY-KLEEN CORP.		6. US EPA ID Number WID 980896641		C. State Transporter's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 608 788-8878	
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 2109 1/2 WARD AVE LA CROSSE WI 54601		10. US EPA ID Number WID 980896641		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone 608 788-8878	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No.	13. Total Quantity	14. Unit Wt/Vol
a. WASTE COMBUSTIBLE LIQUID, N. O. S. (PETROLEUM NAPHTHA) NA1993 PGIII (D001) (ERG#27)			DM	001	G
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above (A) D039 D018 (A) 6.7 LBS/GAL				K. Handling Codes for Wastes Listed Above	
15. Special Handling Instructions and Additional Information 9311 51602753 419456 5-150-01-7016 08 EMERGENCY RESP#1-708-888-4660 24 HR SKDOT# A: 501 B: C: D:					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name & Position Title Ray Severson Maint Sup.			Signature Ray Severson		Date 03/18/93
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials			Signature Mark Gottlieb		Date 03/18/93
Printed/Typed Name & Position Title Mark Gottlieb Rep			Signature		Date
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials			Signature		Date
Printed/Typed Name & Position Title			Signature		Date
19. Discrepancy Indication Space					
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name & Position Title			Signature		Date

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

Copy Distribution:

1 - Generator send to Wis. DNR

4 - Facility retain

2 - Generator retain

5 - Facility send to Generator

3 - Facility send to Wis. DNR

6 - Transporter retain

Copies 1 & 3 mail to Wis. DNR at above address.

Emergency 24 Hour Assistance Telephone Number

In Wisconsin (608) 266-3232

Outside Wisconsin (800) 424-8802

COPY 2-

GENERATOR RETAIN



5-150-01

NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

TO: SAFETY-KLEEN CORP.
(DESIGNATED FACILITY)EPA ID NO. WID980896641
(DESIGNATED FACILITY)

2109 1/2 WARD AVE

ADDRESS: LA CROSSE

WI 54601

OPTION A

Under manifest number 19456, the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal. A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

OPTION B

SQG CUSTOMERS ONLY
(PARTS WASHER AND
IMMERSION CLEANER
608 AND 689)

In accordance with 40 CFR 268.7, the generator hereby provides notice that the waste is restricted from land disposal. I am a small quantity generator (100-1,000 kg/mo) in accordance with 40 CFR 268.7. This notice applies to all waste shipments under my service contract with Safety-Kleen Corp. It covers today's shipment on manifest No. _____, or sales/service acknowledgement No. _____, and all subsequent shipments. A copy of this notice will be maintained with the service contract(s) or sales/service acknowledgment(s) for five (5) years beyond the termination of the service contract.

✓	WASTE NAME	EPA * WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD (mg/l) OR METHOD (FOR NON-WASTE WATER)
PLEASE CHECK THE APPROPRIATE BOXES	<input checked="" type="checkbox"/> Waste Petroleum Naphtha (105)	D001, D018, D039,	Ignitable Liquid (High TOC Subcategory) Halogenated Organic Compounds (HOC's) \geq 1000 mg/l Benzene Tetrachloroethylene	Incineration (INCIN), fuel substitution (FSUBS) or recovery (RORGS) (40 CFR 268.42) (non-waste water) INCIN (40 CFR 268.42) (non-waste water) Not Established Not Established
	<input type="checkbox"/> Waste Petroleum Naphtha (140)	D001,	Ignitable Liquid (High TOC Subcategory)	INCIN, FSUBS, or RORGS (40 CFR 268.42) (non-waste water)
	<input type="checkbox"/> Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001, D006, D007, D008, D039,	All of the above, plus: — Cadmium — Chromium — Lead — Tetrachloroethylene	1.0 (non-waste water) 5.0 (non-waste water) 5.0 (non-waste water) Not Established
	<input type="checkbox"/> Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006, D007, D008, D018, D021, D027, D039, D040,	HOC's \geq 1000 mg/l — Cadmium — Chromium — Lead — Benzene — Chlorobenzene — 1, 4-Dichlorobenzene — Tetrachloroethylene — Trichloroethylene	INCIN (40 CFR 268.42) (non-waste water) 1.0 (non-waste water) 5.0 (non-waste water) 5.0 (non-waste water) Not Established Not Established Not Established Not Established
	<input type="checkbox"/> Waste Perchloroethylene	F002,	Tetrachloroethylene	5.6 (non-waste water)
	<input type="checkbox"/> Waste Perc. Filters This hazardous debris is subject to the alternative treatment standards of 40CFR 268.45.	F002,	Tetrachloroethylene	5.6 (non-waste water)
	<input type="checkbox"/> Waste Trichlorotrifluoroethane	F002,	Trichlorotrifluoroethane	28.0 (non-waste water)
	<input type="checkbox"/> Waste 1,1,1 Trichloroethane	F002,	1, 1, 1 Trichloroethane	5.6 (non-waste water)
	<input type="checkbox"/> Waste Petroleum Naphtha (Dry Cleaning)	D001, D039,	Ignitable Liquid (High TOC Subcategory) Tetrachloroethylene	INCIN, FSUBS, or RORGS (40 CFR 268.42) (non-waste water) Not Established
	<input type="checkbox"/> Waste Paint Related Material	F003, F005, F003, F005, F003, F003, D001, D006, D007, D008,	Acetone Methyl Ethyl Ketone Methyl Isobutyl Ketone Toluene Xylene Methanol Ignitable Liquid (High TOC Subcategory) Cadmium Chromium Lead (TOC Subcategory)	160.0 (non-waste water) 36.0 (non-waste water) 33.0 (non-waste water) 28.0 (non-waste water) 28.0 (non-waste water) 0.75 (non-waste water) INCIN, FSUBS, or RORGS (40 CFR 268.42) (non-waste water) 1.0 (non-waste water) 5.0 (non-waste water) 5.0 (non-waste water)
	<input type="checkbox"/> Waste Antifreeze	D008, D039,	Lead Tetrachloroethylene	5.0 (non-waste water) Not Established

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

*These treatment standards do not preclude reclamation prior to final disposition. 9311 5-150-01-7016 08 419456
NORPLEX DIV IAD073489288

Generator Company: _____

EPA ID NO.: _____

Generator's Signature: _____

Date: _____

Printed Name and Title of Generator: _____

Safety-Kleen Corp. manages the above waste through its recycling and fuels programs in accordance with all applicable elements of the land disposal restrictions.



5-150-01

Print or type. Form designed for use on elite (12-pitch) typewriter.

Form Approved. OMB No. 2050-0039. Expires 9-30-9

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. IA 073489288	Manifest Document No. 04301	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED SIGNAL LAMINATE SYS BOX 370 NORTHEAST CTY RD POSTVILLE IA 52162				A. State Manifest Document Number WI J443493		
4. Generator's Phone 319 864-7321				B. State Generator's ID		
5. Transporter 1 Company Name SAFETY-KLEEN CORP		6. US EPA ID Number WID 980896641		C. State Transporter's ID		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 808 788-8878		
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 2109 1/2 WARD AVE LA CROSSE WI 54601		10. US EPA ID Number WID 980896641		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID		
				H. Facility's Phone 608 788-8878		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit wt/vol	I. Waste No.
a. WASTE COMBUSTIBLE LIQUID, N. O. S. (PETROLEUM NAPHTHA) NA1993 P0111 (D001) 6ERG#277 6.7 LBS./GAL		001	DM	0.0017	g	D001
c.						
d.						
J. Additional Descriptions for Materials Listed Above A) D039 D01B (A) 6.7 LBS/GAL				K. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information 9323 55005391 406301 5-150-01-7016 08 EMERGENCY RESP#1-708-888-4660 24 HR SKDOT# A: 501 B: C: D:						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name & Position Title RAY SEVERSON Maint Super				Signature Ray Severson		Date 060792
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials				Signature Joe Rittm		Date 060792
Printed/Typed Name & Position Title JOE RITTM Rep				Signature Joe Rittm		Date 060792
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials				Signature		Date
Printed/Typed Name & Position Title				Signature		Date
19. Discrepancy Indication Space						
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name & Position Title				Signature		Date



5-150-01

NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

TO: SAFETY-KLEEN CORP.
(DESIGNATED FACILITY)EPA ID NO. WI 1980846641
(DESIGNATED FACILITY)

2109 1/2 WARD AVE

ADDRESS: LA CROSSE WI 54601

OPTION A

Under manifest number WI 1443493, the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal. A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

OPTION B

999 CUSTOMERS ONLY
PARTS WASHER AND
IMMERSION CLEANER
699 AND 699

In accordance with 40 CFR 268.7, the generator hereby provides notice that the waste is restricted from land disposal. I am a small quantity generator (100-1,000 kg/mo) in accordance with 40 CFR 268.7. This notice applies to all waste shipments under my service contract with Safety-Kleen Corp. It covers today's shipment on manifest No. _____, or sales/service acknowledgement No. _____, and all subsequent shipments. A copy of this notice will be maintained with the service contract(s) or sales/service acknowledgment(s) for five (5) years beyond the termination of the service contract.

PLEASE CHECK THE APPROPRIATE BOXES	WASTE NAME	EPA * WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD (mg/l) OR METHOD (FOR NON-WASTE WATER)
	<input checked="" type="checkbox"/> Waste Petroleum Naphtha (105)	D001, D018, D039,	Ignitable Liquid (High TOC Subcategory) Halogenated Organic Compounds (HOC's) \geq 1000 mg/l Benzene Tetrachloroethylene	Incineration (INCIN), fuel substitution (FSUBS) or recovery (RORGs) (40 CFR 268.42) (non-waste water) INCIN (40 CFR 268.42) (non-waste water) Not Established Not Established
	<input type="checkbox"/> Waste Petroleum Naphtha (140)	D001,	Ignitable Liquid (High TOC Subcategory)	INCIN, FSUBS, or RORGs (40 CFR 268.42) (non-waste water)
	<input type="checkbox"/> Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001, D006, D007, D008, D039,	All of the above, plus: — Cadmium — Chromium — Lead — Tetrachloroethylene	1.0 (non-waste water) 5.0 (non-waste water) 5.0 (non-waste water) Not Established
	<input type="checkbox"/> Waste Compound Cleaning Liquid/Immersion cleaner 699	D006, D007, D008, D018, D021, D027, D039, D040,	HOC's \geq 1000 mg/l — Cadmium — Chromium — Lead — Benzene — Chlorobenzene — 1, 4-Dichlorobenzene — Tetrachloroethylene — Trichloroethylene	INCIN (40 CFR 268.42) (non-waste water) 1.0 (non-waste water) 5.0 (non-waste water) 5.0 (non-waste water) Not Established Not Established Not Established Not Established
	<input type="checkbox"/> Waste Perchloroethylene	F002,	Tetrachloroethylene	5.6 (non-waste water)
	<input type="checkbox"/> Waste Perc. Filters This hazardous debris is subject to the alternative treatment standards of 40CFR 268.45.	F002,	Tetrachloroethylene	5.6 (non-waste water)
	<input type="checkbox"/> Waste Trichlorotrifluoroethane	F002,	Trichlorotrifluoroethane	28.0 (non-waste water)
	<input type="checkbox"/> Waste 1,1,1 Trichloroethane	F002,	1, 1, 1 Trichloroethane	5.6 (non-waste water)
	<input type="checkbox"/> Waste Petroleum Naphtha (Dry Cleaning)	D001, D039,	Ignitable Liquid (High TOC Subcategory) Tetrachloroethylene	INCIN, FSUBS, or RORGs (40 CFR 268.42) (non-waste water) Not Established
	<input type="checkbox"/> Waste Paint Related Material	F003, F005, F003, F005, F003, F003, D001, D006, D007, D008,	Acetone Methyl Ethyl Ketone Methyl Isobutyl Ketone Toluene Xylene Methanol Ignitable Liquid (High TOC Subcategory) Cadmium Chromium Lead (TOC Subcategory)	160.0 (non-waste water) 36.0 (non-waste water) 33.0 (non-waste water) 28.0 (non-waste water) 28.0 (non-waste water) 0.75 (non-waste water) INCIN, FSUBS, or RORGs (40 CFR 268.42) (non-waste water) 1.0 (non-waste water) 5.0 (non-waste water) 5.0 (non-waste water)
	<input type="checkbox"/> Waste Antifreeze	D008, D039,	Lead Tetrachloroethylene	5.0 (non-waste water) Not Established

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

* These treatment standards do not preclude reclamation prior to final disposition. 9323 5-150-01-7016 08 406301

Generator Company: ALLIED SIGNAL LAMINATE SY

EPA ID NO.: IAD073489288

Generator's Signature: X Ray SeversonDate: 6-7-93Printed Name and Title of Generator: RAY SEVERSONMaint. Superintendent

Safety-Kleen Corp. manages the above waste through its recycling and fuels programs in accordance with all applicable elements of the land disposal restrictions.



19000056
FOR DNR USE ONLY

5-150-01

Please print or type. Form designed for use on elite (12-pitch) typewriter.

Form Approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. IAD 073487288	Manifest Document No. 0277	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ALLIED SIGNAL LAMINATE SYS BOX 370 NORTHEAST CTY RD POSTVILLE IA 52162				A. State Manifest Document Number WI J433077	
4. Generator's Phone 319, 864-7321				B. State Generator's ID	
5. Transporter 1 Company Name SAFETY-KLEEN CORP.		6. US EPA ID Number WID 980896641		C. State Transporter's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 608 788-8878	
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 2109 1/2 WARD AVE LA CROSSE WI 54601		10. US EPA ID Number WID 980896641		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone 608 788-8878	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HQ WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PQIII (D001) (ERG#27) 6.7 LBS/GAL		001	DM	00015	G D001
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above (A) D039 D018 (A) 6.7 LBS/GAL				K. Handling Codes for Wastes Listed Above	
15. Special Handling Instructions and Additional Information 9335 5839H470 402773 5-150-01-7016 08 EMERGENCY RESP#1-708-888-4660 24 HR SKDDT# A: 585 B: C: D:					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name & Position Title Ray SEVERSON		Signature Ray Severson		Date 09/01/93	
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name & Position Title JOE RITEN		Signature Joe Riten		Date 09/01/93	
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name & Position Title		Signature		Date	
19. Discrepancy Indication Space					
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name & Position Title Kathy Hill		Signature Kathy Hill		Date 09/01/93	

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete. Copy Distribution: 1 - Generator send to Wis. DNR 4 - Facility retain
2 - Generator retain 5 - Facility send to Generator
3 - Facility send to Wis. DNR 6 - Transporter retain

Emergency 24 Hour Assistance Telephone Number
In Wisconsin (608) 266-3232
Outside Wisconsin (800) 424-8802

COPY 5-
Copies 1 & 3 mail to Wis. DNR at above address.
FACILITY SENT TO GENERATOR



5-150-01

NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

TO: SAFETY-KLEEN CORP.
(DESIGNATED FACILITY)EPA ID NO. WI 28 896641
(DESIGNATED FACILITY)

2109 1/2 WARD AVE

ADDRESS: LA CROSSE WI 54601

Under manifest number WI 433077 / 02973, the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal. A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

PLEASE CHECK THE APPROPRIATE BOXES	WASTE NAME	EPA * WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD (mg/l) OR METHOD (FOR NON-WASTE WATER)
	<input checked="" type="checkbox"/> Waste Petroleum Naphtha (105)	D001, D018, D039,	Ignitable Liquid (High TOC Subcategory) Halogenated Organic Compounds (HOC's) \geq 1000 mg/l Benzene Tetrachloroethylene	Incineration (INCIN), fuel substitution (FSUBS) or recovery (RORGS) (40 CFR 268.42) (non-waste water) INCIN (40 CFR 268.42) (non-waste water) Not Established Not Established
	<input type="checkbox"/> Waste Petroleum Naphtha (140)	D001,	Ignitable Liquid (High TOC Subcategory)	INCIN, FSUBS, or RORGS (40 CFR 268.42) (non-waste water)
	<input type="checkbox"/> Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001, D006, D007, D008, D039,	All of the above, plus: — Cadmium — Chromium — Lead — Tetrachloroethylene	1.0 (non-waste water) 5.0 (non-waste water) 5.0 (non-waste water) Not Established
	<input type="checkbox"/> Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006, D007, D008, D018, D021, D027, D039, D040,	HOC's \geq 1000 mg/l — Cadmium — Chromium — Lead — Benzene — Chlorobenzene — 1, 4-Dichlorobenzene — Tetrachloroethylene — Trichloroethylene	INCIN (40 CFR 268.42) (non-waste water) 1.0 (non-waste water) 5.0 (non-waste water) 5.0 (non-waste water) Not Established Not Established Not Established Not Established
	<input type="checkbox"/> Waste Perchloroethylene	F002,	Tetrachloroethylene	5.6 (non-waste water)
	<input type="checkbox"/> Waste Perc. Filters This hazardous debris is subject to the alternative treatment standards of 40CFR 268.45.	F002,	Tetrachloroethylene	5.6 (non-waste water)
	<input type="checkbox"/> Waste Trichlorotrifluoroethane	F002,	Trichlorotrifluoroethane	28.0 (non-waste water)
	<input type="checkbox"/> Waste 1,1,1 Trichloroethane	F002,	1, 1, 1 Trichloroethane	5.6 (non-waste water)
	<input type="checkbox"/> Waste Petroleum Naphtha (Dry Cleaning)	D001, D039,	Ignitable Liquid (High TOC Subcategory) Tetrachloroethylene	INCIN, FSUBS, or RORGS (40 CFR 268.42) (non-waste water) Not Established
	<input type="checkbox"/> Waste Paint Related Material	F003, F005, F003, F005, F003, F003, D001, D006, D007, D008,	Acetone Methyl Ethyl Ketone Methyl Isobutyl Ketone Toluene Xylene Methanol Ignitable Liquid (High TOC Subcategory) Cadmium Chromium Lead (TOC Subcategory)	160.0 (non-waste water) 36.0 (non-waste water) 33.0 (non-waste water) 28.0 (non-waste water) 28.0 (non-waste water) 0.75 (non-waste water) INCIN, FSUBS, or RORGS (40 CFR 268.42) (non-waste water) 1.0 (non-waste water) 5.0 (non-waste water) 5.0 (non-waste water)
	<input type="checkbox"/> Waste Antifreeze	D008, D039,	Lead Tetrachloroethylene	5.0 (non-waste water) Not Established

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

* These treatment standards do not preclude reclamation prior to final disposition.

Generator Company: ALLIED SIGNAL LAMINATE SYEPA ID NO.: IAD073489286

Generator's Signature

☒Ray Severson

Date:

9-1-93Printed Name and Title of Generator: RAY SEVERSON Maint

Safety-Kleen Corp. manages the above waste through its recycling and fuels programs in accordance with all applicable elements of the land disposal restrictions.



STATE OF WISCONSIN
Chapter 144, Wis. Stats.
Form 4400-66P Rev. 10-92

State of Wisconsin
Department of Natural Resources
Bureau of Solid and Hazardous Waste Mgt.
Box 8094
Madison, Wisconsin 53708

41000100

FOR DNR USE ONLY

5-150-01

Print or type. Form designed for use on elite (12-pitch) typewriter.

Form Approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. IAD 073489288	Manifest Document No. 65308	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ALLIED SIGNAL LAMINATE SYS BOX 370 NORTHEAST CTY RD POSTVILLE IA 52162 4. Generator's Phone (319) 864-7321				A. State Manifest Document Number WI J424746		
5. Transporter 1 Company Name SAFETY-KLEEN CORP.		6. US EPA ID Number WID 980896641		C. State Transporter's ID		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 608 788-8878		
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 2109 1/2 WARD AVE LA CROSSE, WI 54601		10. US EPA ID Number WID 980896641		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID		
				H. Facility's Phone 608 788-8878		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RG WASTE COMBUSTIBLE LIQUID, N. D. S. (PETROLEUM NAPHTHA) NA1993 PGIII (D001) ERG#27 6.7 LBS/GAL		001	DM	000.15	G	D001
c.						
d.						
Additional Descriptions for Materials Listed Above (A) D039 D018 (A) 6.7 LBS/GAL				K. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information 9347 61682407 365308 5-150-01-7016 08 EMERGENCY RESP#1-708-888-4660 24 HR SKDOT# A: 585 B: C: D:						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name & Position Title LAVERNE B. MEYER MASTER SCHEDULER				Signature <i>Laverne B. Meyer</i>		Date Month Day Year 11 22 93
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials Printed/Typed Name & Position Title J. E. RITH Rep				Signature <i>J. E. Rith</i>		Date Month Day Year 11 22 93
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials Printed/Typed Name & Position Title				Signature		Date Month Day Year
19. Discrepancy Indication Space						
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name & Position Title				Signature		Date Month Day Year

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

Copy Distribution:

1 - Generator send to Wis. DNR

4 - Facility retain

2 - Generator retain

5 - Facility send to Generator

3 - Facility send to Wis. DNR

6 - Transporter retain

Emergency 24 Hour Assistance Telephone Number

In Wisconsin (608) 266-3232

Outside Wisconsin (800) 424-8802

COPY 2-

Copies 1 & 3 mail to Wis. DNR at above address.

GENERATOR RETAIN



5-150-01

NOTICE OF LAND DISPOSAL RESTRICTION OF WASTE

TO: SAFETY-KLEEN CORP.
(DESIGNATED FACILITY)EPA ID NO. WID080826641
(DESIGNATED FACILITY)

2109 1/2 WARD AVE

ADDRESS: LA CROSSE WI 54601

Under manifest number WJ424746/65308, the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal. A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

PLEASE CHECK THE APPROPRIATE BOXES	WASTE NAME	EPA * WASTE CODE	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD (mg/l) OR METHOD (FOR NON-WASTE WATER)
	<input checked="" type="checkbox"/> Waste Petroleum Naphtha (105)	D001, D018, D039	Ignitable Liquid (High TOC Subcategory) Halogenated Organic Compounds (HOC's) \geq 1000 mg/l Benzene Tetrachloroethylene	Incineration (INCIN), fuel substitution (FSUBS) or recovery (RORGS) (40 CFR 268.42) (non-waste water) INCIN (40 CFR 268.42) (non-waste water) Not Established Not Established
	<input type="checkbox"/> Waste Petroleum Naphtha (140)	D001,	Ignitable Liquid (High TOC Subcategory)	INCIN, FSUBS, or RORGS (40 CFR 268.42) (non-waste water)
	<input type="checkbox"/> Waste Petroleum Naphtha (sludges from Safety-Kleen Service Center Operations)	D001, D006, D007, D008, D039	All of the above, plus: — Cadmium — Chromium — Lead — Tetrachloroethylene	1.0 (non-waste water) 5.0 (non-waste water) 5.0 (non-waste water) Not Established
	<input type="checkbox"/> Waste Compound Cleaning Liquid/ Immersion cleaner 699	D006, D007, D008, D018, D021, D027, D039, D040,	HOC's \geq 1000 mg/l — Cadmium — Chromium — Lead — Benzene — Chlorobenzene — 1, 4-Dichlorobenzene — Tetrachloroethylene — Trichloroethylene	INCIN (40 CFR 268.42) (non-waste water) 1.0 (non-waste water) 5.0 (non-waste water) 5.0 (non-waste water) Not Established Not Established Not Established Not Established
	<input type="checkbox"/> Waste Perchloroethylene	F002,	Tetrachloroethylene	5.6 (non-waste water)
	<input type="checkbox"/> Waste Perc. Filters This hazardous debris is subject to the alternative treatment standards of 40CFR 268.45.	F002,	Tetrachloroethylene	5.6 (non-waste water)
	<input type="checkbox"/> Waste Trichlorotrifluoroethane	F002,	Trichlorotrifluoroethane	28.0 (non-waste water)
	<input type="checkbox"/> Waste 1,1,1 Trichloroethane	F002,	1, 1, 1 Trichloroethane	5.6 (non-waste water)
	<input type="checkbox"/> Waste Petroleum Naphtha (Dry Cleaning)	D001, D039,	Ignitable Liquid (High TOC Subcategory) Tetrachloroethylene	INCIN, FSUBS, or RORGS (40 CFR 268.42) (non-waste water) Not Established
	<input type="checkbox"/> Waste Paint Related Material	F003, F005, F003, F005, F003, F003, D001, D006, D007, D008,	Acetone Methyl Ethyl Ketone Methyl Isobutyl Ketone Toluene Xylene Methanol Ignitable Liquid (High TOC Subcategory) Cadmium Chromium Lead (TOC Subcategory)	160.0 (non-waste water) 36.0 (non-waste water) 33.0 (non-waste water) 28.0 (non-waste water) 28.0 (non-waste water) 0.75(non-waste water) INCIN, FSUBS, or RORGS (40 CFR 268.42) (non-waste water) 1.0 (non-waste water) 5.0 (non-waste water) 5.0 (non-waste water)
	<input type="checkbox"/> Waste Antifreeze	D008, D039,	Lead Tetrachloroethylene	5.0 (non-waste water) Not Established

The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemical(s) used, and the process which created the waste).

*These treatment standards do not preclude reclamation prior to final disposition.

Generator Company: ALLIED SIGNAL LAMINATE SY

9347

5-150-01-7016 OR 365308

EPA ID NO.: IAD073489288

Generator's Signature

☒ LAVERNE B. MEYERDate: 11-22-93Printed Name and Title of Generator: LAVERNE B. MEYER MANAGER

Safety-Kleen Corp. manages the above waste through its recycling and fuels programs in accordance with all applicable elements of the land disposal restrictions.





49012

P.O. BOX 19776

SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

FOR SHIPMENT OF HAZARDOUS AND SPECIAL WASTE

PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

State Form LPC 62 8/81

IL532-0611

EPA Form 8700-22 (Rev. 9-88)

Form Approved. OMB No. 2050-0039, Expires 9-30-92

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address Norplex Oak Allied Signal Laminate Systems Norplex Oak Allied Signal Laminate Systems Northeast County Road Postville, IA 52162		Location If Different 1-319-864-7321		A. Illinois Manifest Document Number IL 3898571		FEE PAID IF APPLICABLE			
4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* 1-800-688-4005		6. US EPA ID Number		B. Illinois Generator's ID 1911910101515131214		C. Illinois Transporter's ID 11151017		D. (800) 359-1484 Transporter's Phone	
5. Transporter 1 Company Name Alliance Transportation Services, Inc.		8. US EPA ID Number		E. Illinois Transporter's ID		F. () Transporter's Phone			
7. Transporter 2 Company Name		10. US EPA ID Number		G. Illinois Facility's ID 10131101619101016		H. Facility's Phone (708) 849-4850			
9. Designated Facility Name and Site Address Safety-Kleen (Envirosystems) 633 E. 138th St. Dolton, IL 60419		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol	
a. "RQ" Waste Flammable Liquid, N.O.S. (Toluene and Acetone); Flammable Liquid; UN1993 (F003, F005, D001)		b. "RQ" Waste Hazardous Substance, Solid, N.O.S. (Acetone, Toluene); ORM-E; NA9189 (D001, F005)		c.		d.		I. Waste No. EPA HW Number Authorization Number X X F 0 1 0 1 5 0 1 0 1 1 1 6 1 X X F 0 1 0 1 5 0 1 0 1 1 1 6 1 X X X X	
J. Additional Description for Materials Listed Above a. WS# 30-790 RQ-100 *F003, D001, D007, D008, D035** 0099357-7 WO# 99378-5 b. WS# 30-791 RQ-100 WO# 99378-6 0099559-6		K. Handling Codes for Wastes Listed Above In Item #14 G = Gallons Y = Cubic Yards Sol/Sol / R D 201		15. Special Handling Instructions and Additional Information a. ERG# 27 HI (3) PPI (K) b. ERG# 31 ER Phone # 1-800-688-4005		16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. 52169695		Date Month Day Year 03 01 93	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name PAUL E. FUSALLA Signature Paul E Fusalla		18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Robert Gmirek Signature Robert Gmirek		19. Discrepancy Indication Space #3 - Corrected gen name per Paul Fusalla - 3/1/93 - mark 4 - Corrected phone # 1-800-688-4005 - corrected per Paul Fusalla by Paul Fusalla 3-2-93 argt Section F B approved by Paul Fusalla - 3/1/93		20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name Ellen Andersen Signature Ellen Andersen		Date Month Day Year 03 02 93	

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

In case of a spill call the Illinois Office of Emergency Response at 217 / 782-7860 and the National Response Center at 800 / 424-8802 or 202 / 426-2675.

MINERAL SPRINGS Corporation

LAND DISPOSAL RESTRICTION NOTIFICATION FORM (As Required by 40 CFR 268.7)

SECTION I

Generator Name: Norplex Oak

TSDF Safety-Kleen(Envirosystems)

EPA ID # IAD073489288

Approval Code: _____

Waste Stream # 30-790, 30-791

Manifest # IL 3898571

SECTION II

RESTRICTED WASTES SUBJECT TO AN EXTENSION

This shipment contains restricted wastes that are subject to an extension in effective date as expressed in 40 CFR 268, Appendix VII.

Waste	Effective Date
K048-K052 Nonwastewater	November 8, 1990
Mixed Hazardous/radioactive wastes	May 8, 1992
Naturally occurring radioactive materials mixed with RCRA wastes	May 8, 1992
Soil and debris contaminated with third wastes for which treatment standards are based on	May 8, 1992
1. Incineration	
2. Mercury retorting	
3. Vitrification	
4. Wet-air oxidation	
EP Toxic inorganic solid debris	May 8, 1992
D009 High and low mercury nonwastewater	May 8, 1992
K106 High and low mercury nonwastewater	May 8, 1992
P065 High and low mercury nonwastewater	May 8, 1992
P092 High and low mercury nonwastewater	May 8, 1992
U151 High and low mercury nonwastewater	May 8, 1992
F039 Nonwastewater	May 8, 1992
D008 Lead materials stored before secondary smelting	May 8, 1992
P087 Nonwastewater/wastewater	May 8, 1992
D004 Nonwastewater	May 8, 1992
K031 Nonwastewater	May 8, 1992
K084 Nonwastewater	May 8, 1992
K101 Nonwastewater	May 8, 1992
K102 Nonwastewater	May 8, 1992
P010 Nonwastewater	May 8, 1992
P011 Nonwastewater	May 8, 1992
P012 Nonwastewater	May 8, 1992
P036 Nonwastewater	May 8, 1992
P038 Nonwastewater	May 8, 1992
U136 Nonwastewater	May 8, 1992

SECTION III

LAB PACK CERTIFICATION

In accordance with 40 CFR 268.7(a)(7) and regarding those lab pack wastes corresponding to U.S. EPA Hazardous Waste Codes _____ identified as restricted wastes contained in this shipment and referenced by the above manifest number, I submit the following certification statements(s) where applicable.

Appendix IV Lab Pack Wastes (Organometallic)

I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only the wastes specified in Appendix IV to Part 168 or solid wastes not subject to regulation under 40 CFR Part 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

Signature _____

Title _____ Date _____

Appendix V Lab Pack Wastes (Organic)

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste and that the lab pack contains only organic wastes specified in Appendix V to Part 268 or solid wastes not subject to regulation under 40 CFR Part 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

Signature _____

Title _____ Date _____

This shipment contains California list wastes subject to treatment standards as expressed in 40 CFR 268.

Constituent	Prohibition Levels (mg/l)	Treatment Standard
Liquids with Nickel	134	268.32
Liquids with Thallium	130	268.32
Liquids with PCB's	50 ppm	INCIN or FSUBS 268.32
Halogenated Organic Compounds	1,000 mg/kg	INCIN 268.32

SECTION V

OTHER RESTRICTED WASTES

This shipment contains wastes subject to treatment standards as expressed in 40 CFR 268.41, 40 CFR 268.42, and/or 40 CFR 268.43.

[illegible]

SECTION VI
SPENT SOLVENT WASTE

This shipment contains spent solvents and must be treated to meet the treatment standards as expressed in 40 CFR 268.41.

Constituent Concentrations in Waste Extract

F001-F005 Spent Solvents	Concentrations (in mg/l)	
	Non Wastewaters	Wastewaters
Acetone (F003)	✓ 0.59	0.05
Benzene (F003)	3.7	0.07
n-Butyl alcohol (F003)	5.0	5.0
Carbon disulfide (F005)	4.81	1.05
Carbon tetrachloride (F001)	0.96	0.05
Chlorobenzene (F002)	0.05	0.15
Cresols (and cresylic acid) (F004)	0.75	2.82
Cyclohexanone (F003)	0.75	0.125
1,2-Dichlorobenzene (F002)	0.125	0.65
Ethyl acetate (F003)	0.75	0.05
Ethylbenzene (F003)	0.053	0.05
Ethyl ether (F003)	0.75	0.05
Isobutanol (F005)	5.0	5.0
Methanol (F003)	0.75	0.25
Methylene chloride (F001,F002)	0.96	0.20
Methylene chloride (from pharmaceutical production) (F001,F002)	0.96	0.44
Methyl ethyl ketone (F005)	0.75	0.05
Methyl isobutyl ketone (F003)	0.33	0.05
Nitrobenzene (F004)	0.125	0.66
Pyridine (F005)	0.33	1.12
Tetrachloroethylene (F001,F002)	0.05	0.079
Toluene (F005)	✓ 0.33	1.12
1,1,1-Trichloroethane (F001,F002)	0.41	1.05
1,1,2-Trichloroethane (F002)	7.6	0.03
1,1,2-Trichloro-1,2,2-Trifluoroethane (F001,F002)	0.96	1.05
Trichloroethylene (F001,F002)	0.091	0.062
Trichlorofluoromethane (F001,F002)	0.96	0.05
Xylene (F003)	0.15	0.05

This shipment contains spent solvents subject to treatment standards as expressed in 40 CFR 268.42.

Technology Codes

Spent Solvents	Non Wastewaters	Wastewaters
2-Ethoxyethanol (F005)	INCIN	INCIN or BIODG
2-Nitropropane (F005)	INCIN	[(WETOX or CHOXD followed by CARBN) or INCIN]

SECTION VII
UNRESTRICTED WASTE NOTIFICATION

I have personally examined and am familiar with the waste through analysis and testing or thorough knowledge of the waste and hereby certify, under penalty of law, that this waste is not restricted as specified in 40 CFR 268, Subpart D, and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d).

SECTION VIII
SIGNATURES

This notification must be attached to the manifest for shipment.

Please attach waste analysis if available.

I believe that the information I submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false notification, including the possibility of a fine and imprisonment.

Signature

Date

Printed Name

Title



53193

P.O. BOX 9276

SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-7761

State Form LPC 62 8/81

IL532-

FOR SHIPMENT OF HAZARDOUS
AND SPECIAL WASTE

4700814

PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (Rev. 9-88)

Form Approved. OMB No. 2050-0039, Expires 9-30-92

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

I A D 0 7 3 4 8,9 2 8 8

Manifest
Document No.

00001

2. Page 1

of 1

Information in the shaded areas is not
required by Federal law, but is required by
Illinois law.

3. Generator's Name and Mailing Address

NORPLEX OAK Allied Signal Laminate Systems

Location If Different

NORTHEAST COUNTY ROAD
POSTVILLE, IA 52162

319-844-7321

4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* 1-800-688-4005

5. Transporter 1 Company Name

6. US EPA ID Number

Alliance Trans. Services IAD988606299

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

SAFETY KLEEN CORP.

633 E. 138TH ST.

DOLTON, IL 60419

10. US EPA ID Number

I L D 9 8 0 6 1 3 9 1 3

A. Illinois Manifest Document Number

IL 3925780 FEE PAID
IF APPLICABLEB. Illinois
Generator's
ID

9,1,9,0,0,5,5,3,2,4

C. Illinois Transporter's ID

1507

D. (800) 359-1484 Transporter's Phone

E. Illinois Transporter's ID

F. () Transporter's Phone

G. Illinois
Facility's
ID

0,3,1,0,6,9,0,0,0,6

H. Facility's Phone

708,849-4850

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13.
Total
Quantity14.
Unit
Wt/Vol

1. Waste No.

a. RQ WASTE FLAMMABLE LIQUID, N.O.S. (TOLUENE & ACETONE)
FLAMMABLE LIQUID UN1993 (F003,F005,D001,D035,D007,D008)

0.85

D M

04675

G

EPA HW Number
X X F 0 0 3Authorization Number
0 0 0 1 6 1b. RQ HAZARDOUS WASTE SOLID, N.O.S. (ACETONE, TOLUENE)
ORM-E, NA9189 (D001) (F005)

0.01

D M

0.0055

G

EPA HW Number
X X F 0 0 1Authorization Number
0 0 0 1 6 1c. EPA HW Number
X X

Authorization Number

d. EPA HW Number
X X

Authorization Number

J. Additional Description for Materials Listed Above

A. WS #30-790; #0099357-7; ERG #27

B. WS #30-791; #0099559-6; ERG #31

K. Handling Codes for Wastes Listed Above
In Item #14

G = Gallons Y = Cubic Yards

So1/So2/Ro5

So1

15. Special Handling Instructions and Additional Information

EMERGENCY CONTACT NUMBER 1-800-688-4005

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by
proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway
according to applicable international and national government regulations.If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to
be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present
and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and
select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

PAUL FUCSALLA

Signature

Paul E Fucsalla

Date

Month Day Year

5/18/93

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Dennis KISLIA

Signature

Dennis Kislia

Date

Month Day Year

05/18/93

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date

Month Day Year

19. Discrepancy Indication Space #3 - Corrected Generator Name / #1 - rec'd man. Doc. # from
generator, IA - Corrected EPA HW #, 11B & 11C Corrected EPA HW # rec'd
information and approval for corrections from J. Gilbert 5/27/93 - MAX

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Ellen Andersen

Signature

Ellen Andersen

Date

Month Day Year

05/19/93

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide
this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000
per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

TO: Safety-Kleen Corp.EPA ID NO: ILD980615013633 E. 138th St.Dolton, IL 60419

Under manifest number IL3925780 line number 11.a. (enter 11a, 11b, 11c or 11d) the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR 268.7, the generator hereby provides notice that the waste is restricted and the EPA waste code and the appropriate treatment standards are as follows:

EPA Waste Codes: F003 F005 D001 D035 D007 D008F001-F005 Spent Solvents

Regulated Hazardous Constituent	TREATMENT STANDARDS (mg/l)		Check All That Apply
	Wastewater w/Solvents	All Other Solvent Wastes	
Acetone	0.05	0.59	<input checked="" type="checkbox"/>
Benzene	0.07	3.7	<input checked="" type="checkbox"/>
n-Butyl alcohol	5.0	5.0	<input checked="" type="checkbox"/>
Carbon disulfide	1.05	4.81	<input type="checkbox"/>
Carbon tetrachloride	0.05	0.96	<input type="checkbox"/>
Chlorobenzene	0.15	0.05	<input type="checkbox"/>
Cresols (and cresylic acid)	2.62	0.75	<input type="checkbox"/>
Cyclohexanone	0.125	0.75	<input type="checkbox"/>
1,2-Dichlorobenzene	0.68	0.125	<input type="checkbox"/>
Ethyl acetate	0.05	0.75	<input type="checkbox"/>
Ethyl benzene	0.05	0.053	<input type="checkbox"/>
Ethyl ether	0.05	0.75	<input type="checkbox"/>
Isobutanol	5.0	5.0	<input type="checkbox"/>
Methanol	0.25	0.75	<input checked="" type="checkbox"/>
Methylene chloride	0.2	0.96	<input type="checkbox"/>
Methylene chloride (from Pharm. Industry)	0.44	0.96	<input type="checkbox"/>
Methyl ethyl ketone	0.05	0.75	<input checked="" type="checkbox"/>
Methyl isobutyl ketone	0.05	0.33	<input type="checkbox"/>
Nitrobenzene	0.65	0.125	<input type="checkbox"/>
Pyridine	1.12	0.33	<input type="checkbox"/>
Tetrachloroethylene	0.079	0.05	<input checked="" type="checkbox"/>
Toluene	1.12	0.33	<input checked="" type="checkbox"/>
1,1,1-Trichloroethane	1.05	0.41	<input type="checkbox"/>
1,1,2-Trichloroethane	0.03	7.6	<input type="checkbox"/>
1,1,2-Trichloro-1,2,2-trifluoroethane	1.05	0.96	<input type="checkbox"/>
Trichloroethylene	0.062	0.091	<input type="checkbox"/>
Trichlorofluoromethane	0.05	0.96	<input type="checkbox"/>
Xylene	0.05	0.15	<input type="checkbox"/>

California List Prohibited Wastes

	Level (mg/l)	Treatment Standard
Halogenated Organic Compounds	1000.0	Incineration
Arsenic (As) Nonwastewaters	500.0	None
Mercury (Hg) Nonwastewaters	20.0	None
Nickel (Ni)	134.0	None
Thallium (Tl)	130.0	None
Chlorinated Biphenyls (PCB's)	50.0	Incineration

Waste Descriptions and/or Treatment Subcategory

Waste Code	Description	Treatment Standards Reference in 40 CFR and Technology Codes for 40 CFR 268.42(e)		Check All That Apply
		Wastewater	Nonwastewaters	
D001:	Wastewater (<1.0 wt% TOC and TSS)	268.42(a) DEACT	NA	
	Low TOC Ignitable Liquids (<10 wt% TOC)	NA	268.42(a) DEACT	
	High TOC Ignitable Liquids (>10 wt% TOC)	NA	268.42(a) RORGS, FSUBS, or INCIN	<input checked="" type="checkbox"/>
D002	Corrosives, all subcategories & CA list	268.42(a) DEACT	268.42(a) DEACT	
D004	Arsenic (As)	268.43(a)	268.41(a)	Variance until 5-8-92
D005	Barium (Ba)	268.43(a)	268.41(a)	
D006	Cadmium (Cd)	268.43(a)	268.41(a)	
D007	Chromium (Cr)	268.43(a)	268.41(a)	<input checked="" type="checkbox"/>
D008	Lead (Pb)	268.43(a)	268.41(a)	<input checked="" type="checkbox"/>
D009:	Low Mercury Subcategory (<260 ppm Hg)	268.43(a)	268.41(a)	Variance until 5-8-92
	High Mercury Subcategory (>=260 ppm Hg)	268.43(a)	268.42(a) RMERC	Variance until 5-8-92
D010	Selenium (Se)	268.43(a)	268.41(a)	
D011	Silver (Ag)	268.43(a)	268.41(a)	
Other Codes See attachment for supplemental list				

Generator Name: NORPLEX OAKEPA ID: IAD073489288Generator Representative Signature: Paul E FucellaName & Title of Representative: Plant EngineerPAUL E FUCELLASafety-Kleen Sample Number: 125992GENERATOR
COPYNumber: 0099357GENERATOR
COPY

TO: Safety-Kleen Corp.EPA ID NO: ILD980613913633 E. 138th St.Dolton, IL 60419

Under manifest number IL3925780 line number 11.b (enter 11a, 11b, 11c or 11d) the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with 40 CFR 268.7, the generator hereby provides notice that the waste is restricted and the EPA waste code and the appropriate treatment standards are as follows:

EPA Waste Codes: D001F001-F005 Spent Solvents

Regulated Hazardous Constituent	TREATMENT STANDARDS (mg/l)		Check All That Apply
	Wastewater w/Solvents	All Other Solvent Wastes	
Acetone	0.05	0.59	_____
Benzene	0.07	3.7	_____
n-Butyl alcohol	5.0	5.0	_____
Carbon disulfide	1.05	4.81	_____
Carbon tetrachloride	0.05	0.96	_____
Chlorobenzene	0.15	0.05	_____
Cresols (and cresylic acid)	2.82	0.75	_____
Cyclohexanone	0.125	0.75	_____
1,2-Dichlorobenzene	0.68	0.125	_____
Ethyl acetate	0.05	0.75	_____
Ethyl benzene	0.05	0.053	_____
Ethyl ether	0.05	0.75	_____
Isobutanol	5.0	5.0	_____
Methanol	0.25	0.75	_____
Methylene chloride	0.2	0.96	_____
Methylene chloride (from Pharm. Industry)	0.44	0.96	_____
Methyl ethyl ketone	0.05	0.75	_____
Methyl isobutyl ketone	0.05	0.33	_____
Nitrobenzene	0.65	0.125	_____
Pyridine	1.12	0.33	_____
Tetrachloroethylene	0.079	0.05	_____
Toluene	1.12	0.33	_____
1,1,1-Trichloroethane	1.05	0.41	_____
1,1,2-Trichloroethane	0.03	7.6	_____
1,1,2-Trichloro-1,2,2-trifluoroethane	1.05	0.96	_____
Trichloroethylene	0.062	0.091	_____
Trichlorofluoromethane	0.05	0.96	_____
Xylene	0.05	0.15	_____

California List Prohibited Wastes

	Level (mg/l)	Treatment Standard
Halogenated Organic Compounds	1000.0	Incineration
Arsenic (As) Nonwastewaters	500.0	None
Mercury (Hg) Nonwastewaters	20.0	None
Nickel (Ni)	134.0	None
Thallium (Tl)	130.0	None
Chlorinated Biphenyls (PCB's)	50.0	Incineration

Waste Descriptions and/or Treatment Subcategory

Treatment Standards Reference in 40 CFR and Technology Codes for 40 CFR 268.42(a) Check All That Apply

Waste Code	Description	Wastewater	Nonwastewaters	
0001:	Wastewater (<1.0 wt% TOC and TSS)	268.42(a) DEACT	NA	
	Low TOC Ignitable Liquids (<10 wt% TOC)	NA	268.42(a) DEACT	
	High TOC Ignitable Liquids (>10 wt% TOC)	NA	268.42(a) RORGS, FSUBS, or INCIN X	
D002	Corrosives, all subcategories & CA list	268.42(a) DEACT	268.42(a) DEACT	
D004	Arsenic (As)	268.43(a)	268.41(a)	
D005	Barium (Ba)	268.43(a)	268.41(a)	
D006	Cadmium (Cd)	268.43(a)	268.41(a)	
D007	Chromium (Cr)	268.43(a)	268.41(a)	
D008	Lead (Pb)	268.43(a)	268.41(a)	
D009:	Low Mercury Subcategory (<260 ppm Hg)	268.43(a)	268.41(a)	
	High Mercury Subcategory (>=260 ppm Hg)	268.43(a)	268.42(a) RMERC	
D010	Selenium (Se)	268.43(a)	268.41(a)	
D011	Silver (Ag)	268.43(a)	268.41(a)	
Other Codes	See attachment for supplemental list			

Generator Name: NORPLEX OAKEPA ID: IAD073489288

Generator Representative Signature: _____

Name & Title of Representative: PAUL E. FUSACCAPLANT ENGINEERSafety-Kleen Sample Number: 125881Control Number: 0099559-6GENERATOR
COPYGENERATOR
COPY



**MICHIGAN DEPARTMENT
OF NATURAL RESOURCES**

DO NOT WRITE IN THIS SPACE

ATT. ☐ DIS. ☐ REJ. ☐ PR. ☐

1979, as amended and Act 136, P.A.
1969.
Failure to file is punishable under
section 299.548 MCL or Section 10 of
Act 136, P.A. 1969.

33000230

Please print or type.

Form Approved. OMB No. 2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. I 0 0 7 3 4 8 9 2 8 8		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address ALLIED SIGNAL P.O. Box 370 NE COUNTY ROAD POSTVILLE, IA 52162						A. State Manifest Document Number MI 3200461							
4. Generator's Phone (319) 864-7321						B. State Generator's ID							
5. Transporter 1 Company Name DART TRUCKING COMPANY INC				6. US EPA ID Number 0 0 0 0 9 8 6 5 8 2 5		C. State Transporter's ID							
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone 216 533-9841							
9. Designated Facility Name and Site Address CYANOKEN 12381 SCHAEFER HWY DETROIT, MI 48227				10. US EPA ID Number M I D 0 9 8 0 1 1 9 9 2		E. State Transporter's ID							
						F. Transporter's Phone							
						G. State Facility's ID							
						H. Facility's Phone 313 933-1850							
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID NUMBER).						12. Containers		13. Total Quantity		14. Unit Wt/Vol		I. Waste No. N/H	
a. <input checked="" type="checkbox"/> NO WASTE CORROSIVE LIQUID, N.O.S. , 8, UN1760 (D002, D007, 001D)						12 0 F		5 4 0 0 0		0 0 0 2 H			
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above W # 15867 EMERGENCY RESPONSE GUIDE # 60 EMERGENCY PHONE NUMBER (319) 864-7321 (D007, 001D)						K. Handling Codes for Wastes Listed Above a/ / b/ / c/ / d/ /							
15. Special Handling Instructions and Additional Information													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable International and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR; if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name						Signature				Date Month Day Year			
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature				Date Month Day Year			
Printed/Typed Name						Signature				Date Month Day Year			
18. Transporter 2 Acknowledgement or Receipt of Materials						Signature				Date Month Day Year			
Printed/Typed Name						Signature				Date Month Day Year			
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name						Signature				Date Month Day Year			

GENERATOR RESTRICTED WASTE NOTIFICATION LAND DISPOSAL RESTRICTIONS COMPLIANCE

EFFECTIVE DATE:
AUGUST 8, 1990

This form meets generator restricted waste notification to CyanoKEM as required by 40 CFR Part 268.7. The notification statement under category IV is not required by law. However, we strongly request that you adhere to the intent. It has been written and included by CyanoKEM for the safety and benefit of our customers and our employees.

THIS FORM IS MANIFEST SPECIFIC. PLEASE USE A NEW FORM FOR EACH MANIFEST NUMBER.

Generator Name/Location ALLIED SIGNAL NE COUNTY ROAD POSTVILLE, IA 52162
EPA ID Number IAD073489288 Manifest Number MI3200461

Waste Analysis Available? Yes No X If yes, attach copy per 40 CFR Part 268.7 (a) (1) (iv).

I. RESTRICTED WASTE NOTIFICATION (Corresponding Treatment Standard(s)) Certain wastes have been restricted from land disposal effective May 8, 1990, but are treatable at CyanoKEM. Restricted wastes treatable at CyanoKEM are identified in Tables I and II for non-wastewaters and wastewaters respectively. If your waste is classified as any of those listed in Table I or II, write your W-number(s) in the space provided below and circle either "N" or "W" to indicate whether the waste stream is subject to non-wastewater or wastewater standards. Record all the waste codes applicable to each waste stream in the spaces provided, then proceed to either Table I or II to determine the treatment standards applicable to your waste stream. Tables I and II have three columns which indicate the appropriate references to the regulations as required for this notification. Treatment standards under the left column labeled 268.41(a) and CCWE refer to analytical standards based on an extract of the waste, while treatment standards in the right column labeled 268.43(a) and CCW refer to analytical standards based on the waste in total. Treatment standards in the center column labeled 268.42(a) and Spec Tech refer to the specified technology required for treating your waste. Find each waste code applicable to your waste stream in Table I or II and record an "X" in the appropriate treatment standard column below for CCWE or CCW based standards. For waste codes based on a specified technology, write the 5-digit code indicating that technology in the space provided in the center column below. (The legends at the bottom of Tables I and II give the correct 5-digit code as referenced by abbreviation in the Tables.) See the example below.

Use additional forms as necessary to account for all W numbers on your shipment. Put a check beside the boldfaced notification statement below and proceed to complete the other sections of this form as applicable.

		TREATMENT STANDARD - 40 CFR		
		CCWE 268.41(a)	Spec Tech 268.42(a)	CCW 268.43(a)
Example: W Number	00003-XXXX (N) W Code(s): D001 (oxidizers) D008	<input checked="" type="checkbox"/>	DEACT	<input type="checkbox"/>
W Number	15867 N W Code(s): D002, D007	<input checked="" type="checkbox"/>	DEACT	<input type="checkbox"/>
W Number	N W Code(s):	<input type="checkbox"/>		<input type="checkbox"/>
W Number	N W Code(s):	<input type="checkbox"/>		<input type="checkbox"/>
W Number	N W Code(s):	<input type="checkbox"/>		<input type="checkbox"/>

(/) X I notify that I personally examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste does not comply with the treatment standards specified in 40 CFR 268, Subpart D and must be treated to the appropriate regulatory treatment standard prior to land disposal.

II. WASTE SPECIFIC PROHIBITIONS. (California list wastes.) Additional notification is required under 40 CFR 268.32(j) to state specific characteristics for which land disposal is prohibited. If your waste contains any of these constituents or meets any of these properties, please check below.

- 1) PCB \geq 50 ppm 2) Halogenated organic carbon, (HOC's) \geq 1000 mg/l
3) Liquids or any free liquids associated with any solid or sludge, containing the following metals or compounds of these metals:
 Nickel (Ni) \geq 134 mg/l Thallium (TI) \geq 130 mg/l

W Number Code(s):
W Number Code(s):

III. RESTRICTED WASTES SUBJECT TO A VARIANCE. CyanoKEM is capable of treating several restricted wastes currently subject to National Capacity Variances. If your waste is subject to a land disposal variance of any type, please indicate below.

W Number Waste Code(s):
Variance
Variance Expiration Date:

IV. UNRESTRICTED WASTE NOTIFICATION If your waste does not fall into the categories listed above in Items I, II or III, write in the W Number(s) and the waste code(s) (Michigan Designations e.g. 029L) and make a check beside the following notification statement.

W Number 15867 Code(s): 001D W Number Codes:
W Number Code(s): W Number Codes:

(/) X I notify that I have personally examined and am familiar with the waste through analysis and testing or through notification that the waste is not restricted as specified in 40 CFR 268, Subpart D and all applicable prohibitions set forth in 268.32 or RCRA 3004(d).

Signature: Jesse Trent Date: JULY 1, 1993
Print Name: JESSE TRENT Title: HEALTH, SAFETY & E SPECIALIST

PLEASE INCLUDE THIS NOTIFICATION WITH ORIGINAL SIGNATURE WITH YOUR MANIFEST

** Sign here **

RCRIS HANDLER INFORMATION

This form completed on 15 July 94 (date) by Allen Apperson (name of person completing form)
MORTALF & ODD (name of person's employer), ~~RES~~ ROPA Contractor.

Instructions for completing form: Completion of all items in BOLDFACE is REQUIRED; completion of other items is optional, subject to the availability of the information.

EPA RCRA ID NUMBER: IA D 073489 288

1. NAME OF INSTALLATION (COMPANY CURRENTLY OCCUPYING SITE):

ALLIANCE SIGNAL LAMINATE SYSTEMS

2. LOCATION OF INSTALLATION (PHYSICAL ADDRESS, NOT PO BOX OR RURAL ROUTE NUMBER; ADDRESS MUST BE SPECIFIC; IF NECESSARY, INCLUDE DIRECTIONS ON HOW TO FIND THE INSTALLATION)

- EXAMPLES OF UNACCEPTABLE INSTALLATION ADDRESSES ARE: "Box 47," "RR #3," "Curtis Ave," "Hwy 49 West"

- EXAMPLES OF ACCEPTABLE ADDRESSES ARE: "123 Main St," "1 mile west of Hwy 6 on County Road EE," "J 12," "NW corner of Jackson and Jefferson Streets"

STREET ADDRESS: 665 LYBRAND ST.

CITY/ZIP CODE: POSTVILLE, IA 52162

3. INSTALLATION MAILING ADDRESS (IF SAME AS LOCATION ADDRESS, WRITE "SAME"):

STREET ADDRESS: P.O. Box 977

CITY/ZIP CODE: POSTVILLE, IA 52162-0977

4. INSTALLATION CONTACT PERSON:

Name: Jesse Trent

Title: OH & S SPECIALIST

Telephone Number: Area Code (319) 864-7321

Street Address: P.O. Box 977

City/Zip Code: POSTVILLE, IA 52162-0977

5. OWNERSHIP INFORMATION:

Name of Installation's Legal Owner: ALLIANCE SIGNAL

Street Address: 101 COLUMBIA RD P.O. BOX 1139

City/Zip Code: MORRISTOWN NJ, ~~IA~~ 07962-1139

Telephone Number: Area Code (201) 455-4835

6. RCRA REGULATED ACTIVITY APPARENTLY BEING CONDUCTED AT SITE (CHECK ALL THAT APPLY)

☒ Hazardous waste generation ☐ Hazardous waste transportation

☐ Conditionally exempt small quantity generator

☐ Transports waste for self only

☐ Small quantity generator

☐ Transports waste for hire

☒ Large quantity generator

☒ Other: (specify) used oil generator

RCRIS data entered

BY ARPAARP/SEE

ON 9/9/96

RCRIS HANDLER INFORMATION REPORT

March 2, 1994

The information summarized below has been entered into EPA's RCRA Computer Data Base for the INSTALLATION LOCATION AND EPA RCRA Identification Number listed. If any of this information is inaccurate, you may notify us of the change(s) by writing to us, telephoning us, or by completing a Notification of Regulated Waste Activity Form (EPA Form 8700-12), a copy of which is attached, or simply marking any changes on this report and sending it to EPA at:

EPA REGION 7 - RCRA/IOWA
726 MINNESOTA AVENUE
KANSAS CITY, KANSAS 66101

Your cooperation in helping us to maintain accurate records is appreciated. If you have any questions, please call our Iowa RCRA Hazardous Waste Inquiry Helpline number (913) 551-7861, and leave a message. Someone will get back to you as soon as possible. you as soon as possible.

EPA RCRA ID Number: IAD073489288

Name of Company/Installation: ALLIEDSIGNAL LAMINATE SYSTEMS
Location of Installation: 665 LYBRAND ST
City/State/Zip: POSTVILLE, IA 52162
County: ALLAMAKEE

Mailing Address: PO BOX 977
City/State/Zip: POSTVILLE, IA 521620977

Installation Contact: JESSE TRENT
Job Title: EH&S SPECIALIST
Phone Number: (319)864-7321
Contact's Address: PO BOX 977
City/State/Zip: POSTVILLE, IA 521620977

Current Owner of Installation: ALLIEDSIGNAL
Owner's Address: 101 COLUMBIA RD PO BOX 1139
MORRISTOWN, NJ 790621139
Phone Number: (201)455-4835

Land Type: Private
Owner Type: Private

Type(s) of Regulated Activity: FULLY REGULATED GENERATOR

Hazardous Wastes Handled: D000, D001, D002, D007, D008, D018, D035
F003, F005


Signature

JESSE TRENT
H.S. & E. SPECIALIST
Name and Official Title

7/18/94
Date Signed

All information you submit in a notification can be released to the public, according to the Freedom of Information Act, unless it is determined to be confidential by U.S. EPA pursuant to 40 CFR Part 2. Since notification information is very general, the U.S. EPA believes it is unlikely that any information in your notification could qualify to be protected from release. However, you may make a claim of confidentiality by printing the word "CONFIDENTIAL" on both sides of the Notification Form and on any attachments or submittals including this information report. EPA will take action on the confidentiality claims in accordance with 40 CFR Part 2.

RCRIS data entered
BY RCRA AARP/SEE
ON 9/9/96

Superseded by 9/5/96
Notification

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
CONFIDENTIALITY NOTICE

EPA ID #: IAD 073489 288

Facility Name	
ALLIED SIGNAL LAMINATE SYSTEMS	
Facility Address	
665 LYBRAND ST., POSTVILLE IA 52162	
Inspector (print)	Title
Allen Apperson	INSPECTOR
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	
Date 15 July 94	

It is possible that the United States Environmental Protection Agency (EPA) will receive public requests for release of the information obtained during inspection of the facility above. Such requests will be handled by EPA in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the applicable statute under which the information is obtained. EPA is required to make inspection data available in response to FOIA requests, unless the Agency determines that the data contains information entitled to confidential treatment.

Any or all of the information collected by EPA during the inspection may be claimed confidential, if it relates to trade secrets or commercial or financial matters that you consider to be confidential. If you make claims of confidentiality, EPA will disclose the information only to the extent, and by the means of the procedures set forth in the regulations (cited above) governing EPA's treatment of confidential information.

To claim information confidential, you must certify that each claimed item meets all of the following criteria (40 CFR 2.208):

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. The information is not, and has not been, reasonably obtained without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on showing special need in a judicial or quasi-judicial proceeding).
3. The information is not publicly available elsewhere.
4. Disclosure of the information would cause substantial harm to your company's competitive position.

In addition, within fifteen (15) calendar days of the claim, you must provide written comments in support of the claim, based on factors listed in 40 CFR 2.204(e)(4). This statement should be mailed by registered, return-receipt requested mail to the Inspector at the address listed above. Failure to submit comments by this deadline will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

At the completion of the inspection, you will be given a receipt for all materials collected. At that time you may make claims that some or all of the information is confidential and meets the criteria listed above.

U.S.EPA INSPECTION CONFIDENTIALITY NOTICE (cont.)

EPA ID#: IAD 073 489 288

Facility Name	ALLIED SIGNAL LAMINATE SYSTEMS
Facility Address	665 LYBRAND ST., POSTVILLE IA 52162

If you are not authorized by your company and there is no one on the premises of the facility who is authorized to make confidentiality claims, this notice will be sent by certified mail, along with the receipt for documents, samples, and other materials, to the authorized representative designated below.

Authorized Representative _____
 Title _____
 Address _____

If the authorized representative listed above requests confidential treatment, they must return a statement specifying any information which should receive confidential treatment and written comments in support of the claim based on factors listed in 40 CFR 2.204(e)(4).

This statement from the authorized representative should be mailed by registered, return-receipt requested mail within fifteen (15) calendar days of receipt of the Confidentiality Notice to the Inspector at the address listed on page 1.

Failure to submit confidentiality claims and comments within the fifteen (15) day period will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

=====

To be completed by the facility official receiving this Notice:

I have received and read this Notice.

Facility Representative Provided Notice (print)	Title
JESSE TRENT	H, S, & E SPECIALIST
Signature/Date	
Jesse Trent	7/18/94

(rev:1/20/93)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REQUEST FOR CONFIDENTIAL TREATMENT

EPA ID#: JAD073489288

Facility Name	ALLIANCE SIGNAL LAMINATE SYSTEMS
Facility Address	665 LYBRAND ST., POSTVILLE IA 52162

Information for which confidential treatment is requested:

NONE

Acknowledgement of Claimant

The undersigned requests that confidential treatment of the information described be provided in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the applicable statute under which the information is obtained. The undersigned further acknowledges that they are authorized to make such claims for their firm.

The undersigned also certifies that each claimed item described above meets all of the following criteria (40 CFR 2.208):

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. The information is not, and has not been, reasonably obtained without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on showing of special need in a judicial or quasi-judicial proceeding).
3. The information is not publicly available elsewhere.
4. Disclosure of the information would cause substantial harm to your company's competitive position.

In addition, within 15 days of your claim, you must provide written comments in support of the claim, based on factors listed in 40 CFR 2.204(e)(4). Failure to submit comments by this deadline will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

Authorized Representative (print)	Signature/Date
JESSE TRENT	Jesse Trent / 7/18/94
No confidential treatment claimed during the inspection: <input checked="" type="checkbox"/> (Facility Representative's initials)	
Inspector (print)	Signature/Date
Allen Apperson	Allen Apperson 7/15/94
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
RECEIPT FOR DOCUMENTS AND SAMPLES

EPA ID#: IAD 073489288

Facility Name	ALLIED SIGNAL LAMINATE SYSTEMS
Facility Address	665 LYBRAND ST., POSTVILLE IA 52162

Documents Collected? YES X (list below) NO

Samples Collected? YES (list below) NO X Split Samples: YES NO

Documents/Samples were: 1) Received no charge X 2) Borrowed 3) Purchased

Amount Paid: \$ Method: Cash Voucher To Be Billed

The documents and samples described below were collected in connection with the administration and enforcement of the applicable statute under which the information is obtained.

Receipt for the document(s) and/or sample(s) described below is hereby acknowledged:

SAFETY-KLON REF #s: 724966, 754154, 695874,
783857, 813578, BM0013,

ILLINOIS MANIFEST #s: IL 3484041, IL 3484042
IL 3925780, IL 3898571

MICHIGAN MANIFEST #s: MI 3016667, MI 3200461,

WISCONSIN MANIFEST #s: WI 424746, WI 4113738,
WI 433077, WI 443493,

Facility Representative (print)	Signature/Date
JESSE TRENT	Jesse Trent / 7/18/94
Inspector (print)	Signature/Date
Allen Apperson	Allen Apperson 7/15/94
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	